:10 fact , 4 facous Police

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN [DATE (TYPE OR PRINT) OF ESTI-8-28-81 ERNEST LEE ABEND 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 70HOUD DATE LAST BIRTHDAY) PRONOUNCED 8-30-81 male white June 15,1942 39 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S. Baltimore City Maryland WIDOWED DIVORCED 18. GIVE PAGES 1, 2, AND 3 TO THE FL WITH FORM PM 3. RETAIN PAGE 5 IT. PAGES 1 AND 2 SHOULD BE FILED, DIVISION OF VITALRECORDS, 201 W 10 CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Baltimore 3600 blk. 4th Street Plumber Plumbing USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSION 21225 13a STATE COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Brooklyn Hats. 403 Cedar Hill Rd., Baltimore, Md YES [NOX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE CARL ABEND CATHERINE HEISER GIVE PAGE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS YES 215-42-6032 Vietnam Marlene Abend, same as 13e 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL GATE, WRITING THE WORD PRINCES EXAMINER ALCONDED FORWARDED TO THE CHIEF MEDICAL EXAMINER PROVIDE TORNEY AND MENTAL HRANIT PERMIT.

OR: PAGE 3 SHOULD BE USED AS A BURIAL- RRANSIT PERMIT.

HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D

NAME OF THE STATE OF THE BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING TOO HOUR A.M. MONTH DAY self/inflicted CONTRIBUTING CAUSE OF DEATH 2 le. PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) NOT WHILE 3600 blk. 4th Street Baltimore, Maryland AT WORK AT WORK 220. I certify that I taak charge of the remains described above, held an and in my opinian THE CERTIFIC SHOULD BE Hamicide Undetermined manner Natural causes TITLE (SPECIFY) DATE Assistant MEDICAL EXAMINER SIGNATURE 8-31-81 EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 9/2/81 Cedar Hill Cemetery Brooklyn Hats. A.A.Co. BP. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH-17** George J. Gonce, 4001 Ritchie Hg., Baltimore, Md. (VR A15 ME (5)

15M 2/80

STATE OF MARYLAND

	1-	FOR STATE REGISTRAR	FIRST	MI		STAT MENT OF H EXAMINE	R'S C	ERTIFIC	ENTALH	-		2 0	2 8	c.	
PLEASE CCTOR. FILES. HOURS STREET,	(TYF	CEASED NAME E OR PRINT)	A	DAMS	AST			OF ESTI- DEATH MATED	M 8-2	3-81	26 HOUR				
2220		emale	white	5. DATE OF BIRTH	B YEAR	6. AGE (IN YEAR LAST BIRTHDAY	MONTHS		IF UNDER 2		2c. DATE PRONOUNCED DEAD		3-81	2d HO:2	
INFRAL DIF FOR YOU WITHIN 72 PRESTON	FC	RTHPLACE (STA		76. CITIZEN OF W	5.		WIDOWE	DK	VER MARRIE DIVORCE		Baltimore city Baltimor		OF DEATH	MD.	
(14)		Saltimor	re	4616 Bei	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE C) FOR MOST OF WORKING LIFE) 12 USUAL OCCUPATION (TYPE C) FOR MOST OF WORKING LIFE) 12 USUAL OCCUPATION (TYPE C)							YPE OF WORK 12	OF WORK 126 KIND OF BUSINESS OR INDUSTRY		
35	USU /	AL RESIDENCE (1)	FIN NURSING HOME O	OR OTHER INSTITUTION, O	13c, CIT	E BEFORE ADMISSION Y OR TOWN PLTO.		3d. INSIDE (II	TY LIMITS?	13e. STRE	ET ADDRESS 4617 Bel A	Air Rd.			
20	14. FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE AMDLE								LAST						
1	16a. V (Y	VAS DECEASED ES, NO, OR UNKNOW NO	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)		CIAL SECURITY -03-7867	NO. 1	7. INFORM	phew		ADDRES	S		318	
F HEALTH AND MENTAL HYGIE AL, CREMATION, OR REMOVA	NO	gave rise cause (a) s lying cause		(b)	R AS A COI	NSEQUENCE OF NSEQUENCE OF ATEO TO THE TERMIN		R CONDITION	I GIVEN IN PART	[]-(e).					
PRIOR TO BURIAL.	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 AUTOPSY	NO X				
3		216. EXTERNAL UNDERLYING CONTRIBUTING	CAUSE WAS OR G CAUSE OF E		M. MONTH	DAY YEAR	21c. HOV	W INJURY	OCCURRED) (ENTER N	ATURE OF INJURY IN ITEM 1	8 PART 1 OR PART 2		110	
	MEDICAL	214 INJURY OF WHILE AT WORK	NOT WHILE CAT WORK	STREET EAS	OF INJURY	(AT HOME. ETC.)	21f. LOCA				CITY OR TOWN	COUNT	TY	STATE	
2			that I taak charg	e of the remains de couses X. OUNTE	Accident	Suici	 M.D	Hamici	PECIFY) istant	MEDIO	mined manner	DATE SIGNED	8-25	81	
BATTIMORE, M	(5	Surial	ON, REMOVAL 2	36. DATE 8/27/8 <u>1</u>	23с.	NAME OF CEME Lorrain			DRY	23d. LOC	CATION Balto.	COUNTY Md.	ST	TATE	
7 (5))	24. FI	Paul E.		eth 3rdores	°3617	Chestnu	t Ave	3 • 2	"AUG	27	1981 Can	SISTR R SIG	March	ien	

11-1-4 AUS 27 1981 25 1981 25 1981 25 1981

STATE OF MARYLAND

1	- STATE REGISTRAR			DEFARIN			F DEATH	GIENE O	REG.	€		tiens			
	CEASED NAME	FIRST		MIDDLE		LAST	5,219	2a DATE	OF DEATH	MONTH	DAY	YEAR	2b HOUR		
	2 OKTAINT)	HELEN		V.	AD.	AMS				08	03	81	10:30Pm		
3. SE	X	4	RACE		5. DATE O			6 AGE (II	N YEARS LAST E		IF UNDE	RIVEAR	IF UNDER 24 HRS		
	FEMALE		WHIT	E	MONTH	2				31 YRS	MONTHS	DAYS	HOURS MIN.		
7a. B	IRTHPLACE (STATE	OR FOREIGN 7	CITIZEN OF	WHAT COUNTRY?	8			9 BALTIN	ORE CITY	1110		ATH			
4	MARYLAND U.				WIDOW	DX	DIVORCED [altin		Cit				
Baltimore				HOSPITAL, NURSIN HEACHITY, GIVE STREET A MERCY HO	DSpi		NSTITUTION	TYPE OF W	LOCCUPA ORK FOR MOST MEMAK	OF WORKING		KIND O DUSTRY	F BUSINESS OR		
13a.	ARYLAND	13b. COUNT		GIVE RESIDENCE BEFORE 131. CITY OR TOWN BALT IMOR	N	YES 🔀	E CITY LIMITS?				r sti	REET	, 21223		
14. F/	ATHER'S NAME FIRST	M	DDLE	LAST		15 MOTH	ER'S MAIDEN NA	AME	MIDDLE			LAS	ī		
	JOHN		E.	ADAMS			ABBIE					CREAL			
	VAS DECEASED EV		ED FORCES?	166 SOCIAL SECUI	RITY NO.	17: INFOR	MANT		ADD	RESS GL	EN BI	JRNTI	E, MD.		
	NO	1, 125, 571		218-46-5	5403	CHAR	LES ADAM	IS 911	MEAI						
NO	Conditions, if or gove rise to couse (o), ste underlying co	IWAS CAUSED IMMEDIATE Iny, which immediate obting the use lost.	BY: CAUSE (o) DUE TO, OI (b) DUE TO, OI	R AS A CONSEQUE	NCE OF	nd r	TED TO THE TER	MINAL DISEA	A PAC S	ADITION G			MATE INJERVAL INSET AND DEATH		
CERTIFICATION	19a DATE OF OPE	RATION	19b COND	TION FOR WHICH	IN CERTIF						'ES, WERE TIFYING (S, WERE FINDINGS USED FYING CAUSES OF DEATH?			
MEDICAL CEI	22a.1 certify that	CAUSE OF DEATH EDICAL EXAMINER) URRED WHILE WHILE (1) (this hospito cosed olive on () (did) (did not)	P.M. 19 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) poitol) ottended the deceosed from 19				ATTENDING PHYSICIAN [deoth occur	CITY OR 1	OWN dote and he	. 19	UNTY			
		Joko				22e ADD	mercy	405	si to	/					

WH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR:

should be detached for use as the burial-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to burial, cremation, After this certificate has been

morked or Item 18 shows any

MPORTANT: If Item 21 is

230. BURIAL, CREMATION, REMOVAL BURIAL

08-06-81

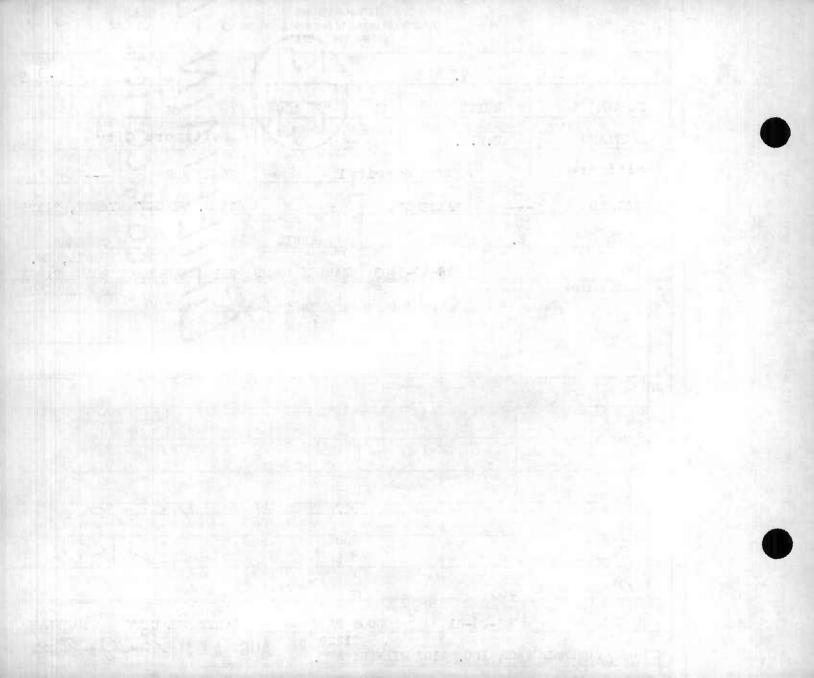
23c. NAME OF CEMETERY OR CREMATORY LOUDON PARK

MARYLA ND

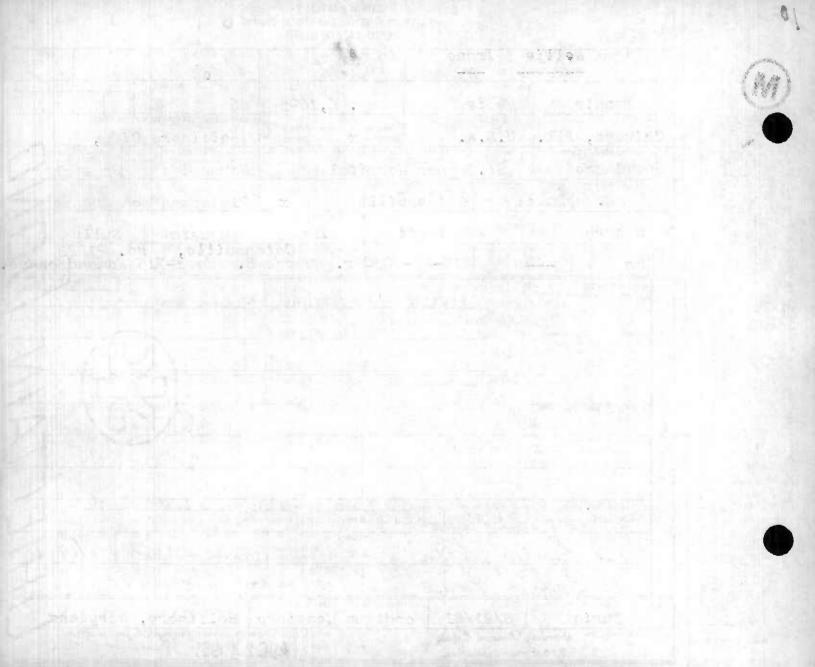
THUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

230 OCATION
CITY OF TOWN
BALTIMORE CITY

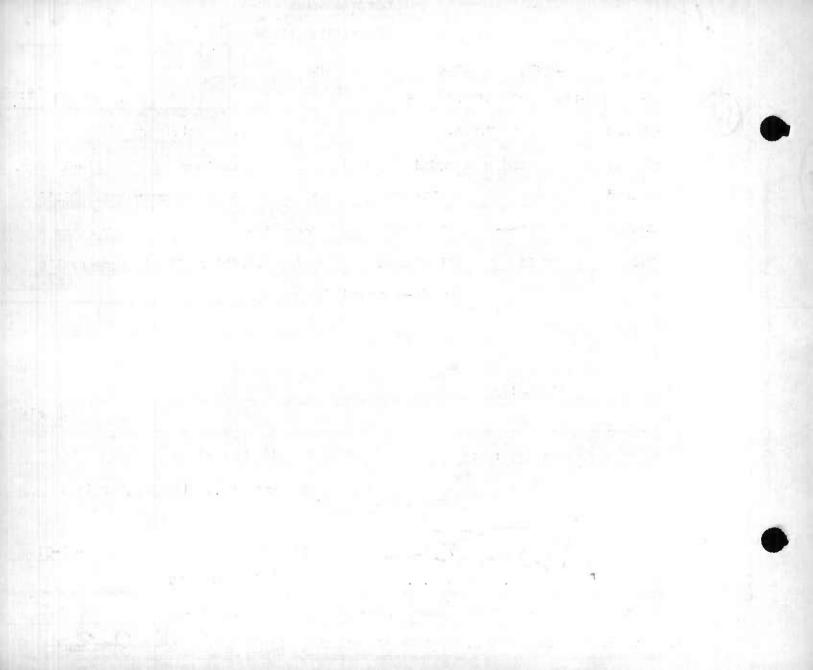
D. BYREGUSTRAR 250 PP ISTRAR SIGNATURE



Patronilla Mi



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Г		TATE EGISTRAR		MED	ICAL	EXAMIN	ER'S C	CERTIFICATE C	OF DEATH	REG. NO	O.	64.00	
		ASED NAME	FIRST		MIDDLE			LAST		OF ESTI-	-	DAY YEAR	26 HOUR
2	SEX	I.A.	Robe	rt El	ton	6. AGE (IN YE)		Kins NDER I YR. IF UNDER		DEATH MATED	8 L	20 19 81	2d. HOUR
3.	Ma		White	8/26/19	28	LAST BIRTHDA	Y) MONT		MIN. PRO	DATE DOUNCED DEAD	8	20 1981	5:55
Į.	Ma:	THPLACE (STATE OF COUNTRY) ryland	E OR	76 CITIZEN OF WH		TRY?	8. MARR WIDOV	IED X NEVER MARR	RIED 📙	Bal 1 imo	_	TY OF DEATH	MD
10		rortown or Itimore	DEATH	11. NAME OF HOSE (IF NOT IN SUCH FACE Union Me	HITY, GIVE S	TREET ADDRESS)			FORMOST	OCCUPATION (TYP OF WORKING LIFE) itor	E OF WORK	or INDUS	BUSINESS
113	3a ST		13b. COU	OR OTHER INSTITUTION, GIVE	113c CITY	OR TOWN	ON)	134 INSIDE CITY LIMITS?	13e STREET 323	ADDRESS O Kentuck	y Av	e. 212	13
Ī	4. FA1	HER'S NAME		MIDDLE		LAST		15. MOTHER'S MAID	EN NAME	MIDDLE		LAST	
		Joshua		Elton		kins	1110	Josephi	ne	1555		Vickers	
16	(YES	NO, OR UNKNOW	N) (IF YES, GIV	RMED FORCES?		CIAL SECURIT		17. INFORMANT		ADDRESS		1	
=	_	Yes		II	-	.20.66	15	Regina E	E. Adki	ns (Wife)	Sa	me as 1	
		PART I DEA	TH WAS CAUS				ohral	Trauma				BETWEEN ON	ATE INTERVAL SET AND DEATH
		080	G IMMEDIA	ATE CAUSE (a)		NSEQUENCE (i i auilla					
	2		if any, whic	h		- OE GOENCE						d 1500	
			ta immediat		AS A CON	VSEQUENCE (OF.						
		lying cause	last.	(-)									
	-	PART 2 DINER SIGN	IFICANT CONDITION	S CONTRIBUTING TO DEATH 8	UT NOT REL	ATED TO THE TERM	INAL DISEAS	E OR CONDITION GIVEN IN PA	ART 1 (g)				
	2		Alc	coholism									
1	MEDICAL CERTIFICATION	19a DATE OF C			ION FOR	WHICH OPER	ATION W	AS PERFORMED?				AUTOPS Head YES XX	Önly)
1	FE I	210 EXTERNAL	CAUSE WAS	21b. TIME OF		DAY VEA		OW INJURY OCCURR	ED JENTER NATU	IRE OF INJURY IN ITEM 18	PART I OR P		
)	AL	UNDERLYING CONTRIBUTING	AA OR G ☐ CAUSE OF	HOUR A.M.		8 19 8	i si	ubject fel	1 down	steps			
	Ě	ZIE INJURY OC		21e PLACE C		(AT HOME,	21f. LC	CATION		TY OR TOWN	CI	DUNTY	STATE
	2	AT WORK	AT WORK	IX Ho	me	,				,Baitimo	re Ma	ryland	
		22a I certify	that I taak cha	rge of the remains desc	(Hea	d Only) Autop	ssy XX, Inspection	an .	Inquiry . a	nd in my a	pinian	
4		death resulted	1	ural causes .	Accident	[V]	icide _	, Hamicide .		ined manner .			
			100	1	~	2 3 3 1		TITLE (SPECIFY)					
1		ACTUAL SIGNATURE_	1 VA	MA	10	-	^	Assistan	MEDICA	LEXAMINER	DATE SIGN	8-21-	81
2	-	EXAMINER'S N (TYPE OR PRIN'	She 1	nn M. Dixo	n, N	1.D.		ADDRESS		Street			
2	30. BU	RIAL, CREMATI ECIFY) Cematio:	ON, REMOVAL	The state of the s				OR CREMATORY	23d. LOCA	TION	cor	UNTY	STATE
1		rematio:		8/22/1981	Gr	een Mou	int C	rematory		timore GISTRAR	ISTRAR'S	Maryl	and
				adley Inc.	Dun	dalk Mo	1 21	222 AL		981 Man	uQ.	anthory	5
L	114	TOOL DI	OND DI	darcy life.	Duil	GGIA M	. 21	AL	ודאטו	301	01	- Account to	4



STATE OF MARYLAND

HE WAS TRANSPORTED AND ALLEGATION OF THE Must purpose the contract to t Contracts of the Local Contract of the Contrac

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 30M 2/80 (VRA 15, 4)

FOR

REGISTRAR

- STATE

Tully Funeral Home, 130 E. Fort Ave. Balto. Md.

spaces

Center

YES [

COUNTY

Burnie, A. A. (o. Maryland

SFP

REG. NO

YEAR

IF UNDER I YEAR

INDUSTRY

Unknown

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

81, that (D(we) last

22c DATE SIGNED

STATE

20

Stationary

A STATE OF THE PROPERTY OF THE

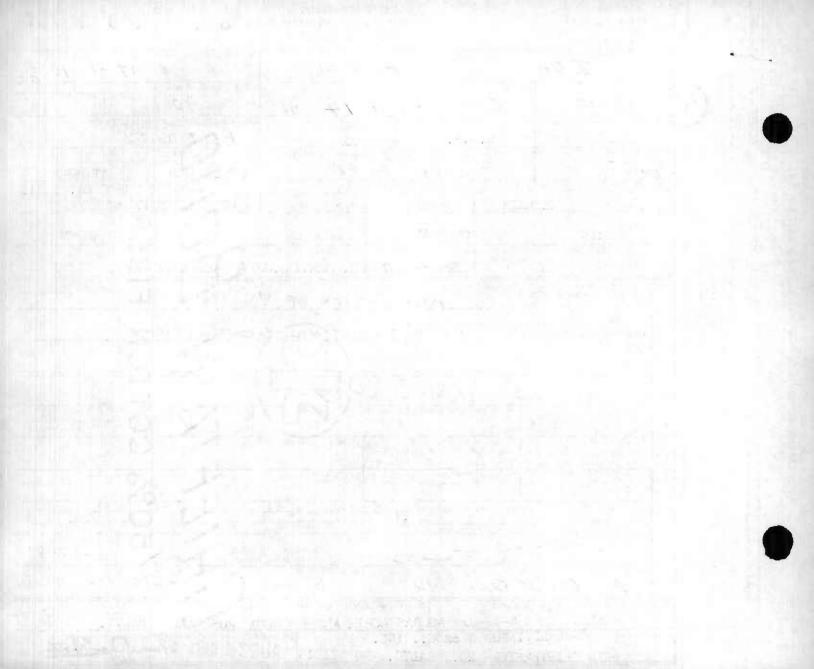
	STA	TE OF M	ARYL	AND
DEPARTMENT	0F	HEALTH	AND	MENTA

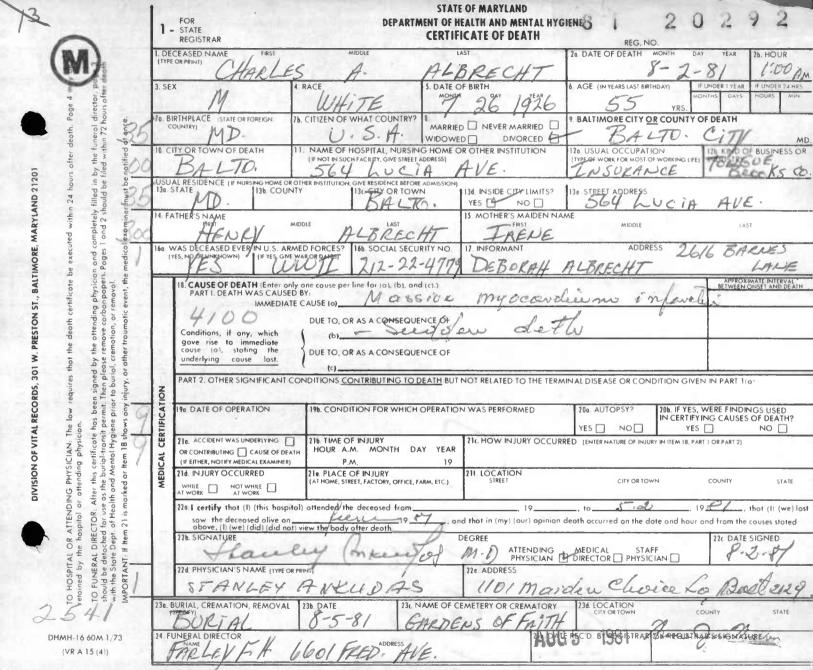
1.	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	20291
	CEASED NAME I FIRST	MIDDLE	AL	BOM	26. DATE OF DEATH MONTH	17 81 1050 M
SE	FEMALE	4. RACE CAUCULA			6. AGE (IN YEARS LAST BIRTHDAY) 90 YR	
	IRTHPLACE (STATE OF FOREIGN COUNTRY) RUSSIA	75. CITIZEN OF WHAT COUNT	MARRIE		9. BALT CI	TY MD.
1	BALT,	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES SINAI	TREET ADDRESS)	SP.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWIFE	AT HOME
13a :	AL RESIDENCE (IF NURSING HOME OR STATE 136. COUN			13d. INSIDE CITY LIMITS?	PX KOKXKYX X X X X X X X X X X X X X X X X X	FORDS LA. 21215
14. FA	MORRIS	GOODMA		REBECCA	WIDDIE	UNKNÔWN
	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL S (E WAR OR DATES) 220-48	3-6287	IT INFORMANT MR. MARVIN AI	BOM 2400 SMITH	AVE. 21209
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSI	EQUENCE OF EQUENCE OF TO DEATH BUT Y P A	NOT RELATED TO THE TERM	DBSTRUCTION MINAL DISEASE OR CONDITION 1200. AUTOPSY? 1200. IF	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER OF THE CONTRIBUTION OF THE CONTRIBU	HOUR A.M. MONTH	19	211. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2) COUNTY STATE
	220. I certify that (1) this hospi saw the deceased olive on abave (1) Jwe) (did) (did no 171. SICNATURE 22d. PHYSICIAN'S NAME (TYPE O	t) view the body after death.	19 <u>81</u> , ar	DEGREE ATTENDING PHYSICIAN [medical staff DIRECTOR PHYSICIAN A	8-17-8/
	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	236. DATE 8-19-81 AG	IDAS ACE	EMETERY OR CREMATORY IIM ANSHE SFAI	23d LOCATION CITY OF TOWN RD ROSEDALE	BALTO. STATE
24. F	UNERAL DIRECTOR SOL LE	EVINSON & BROS ERSTOWN RD. B	L 3 3	. 0.1	JG 2 4 1981	SISTRANS SIGNATURE

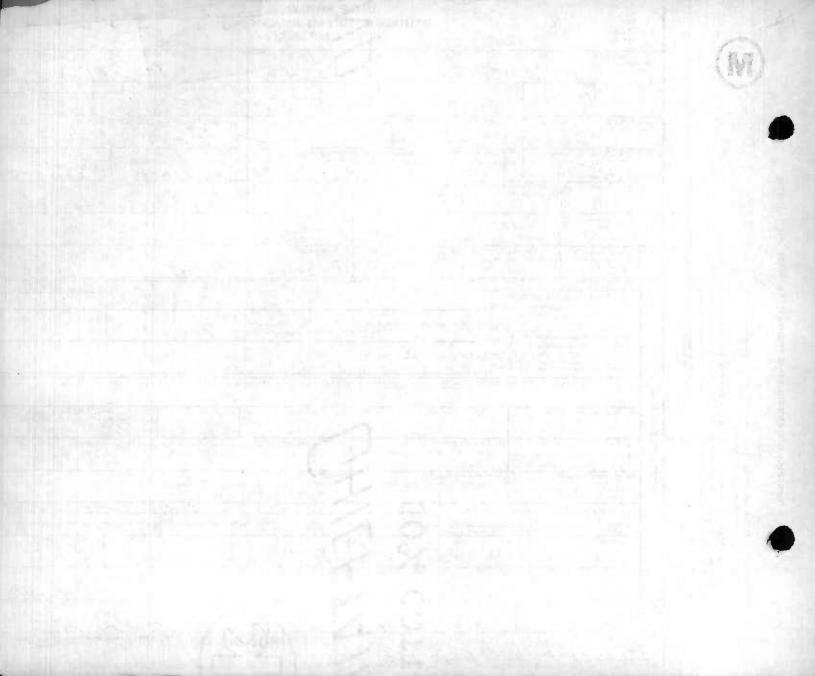
6010 REISTERSTOWN RD., BALTO.,

DHMH-16 30M 2/80 (VRA 15, 4)

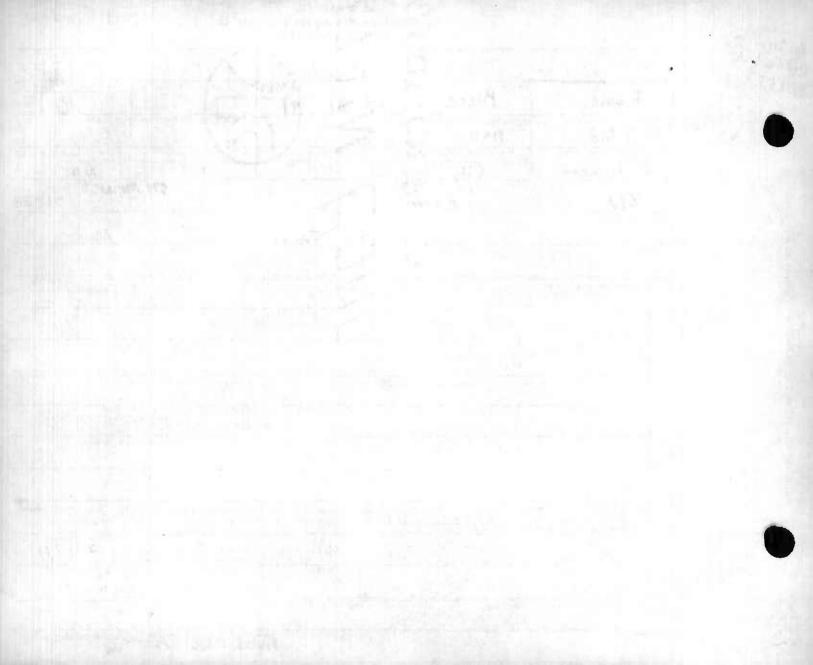
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Ktens in	FOR STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8 1	20293
	DECEASED NAME FIRST	BABY GI	RL JAWET	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR 7 TO A
31 14.1.2 8.2	female	Black	S. DATE OF BIRTH MONTH DAY YEAR		IF UNDER I YEAR IF UNDER 24 HRS.
6 255	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	115 61	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR CO	UNITY OF DEATH
5 * + P 50/	Bultimore	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET AD	DRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OF INDUSTRY
filled in nauld be	SUAL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE AI NTY 13C CTY OR TOWN	13d INSIDE CITY LIMITS?		9 Mains+ 2122
ed within 24 hours impletely filled in by ond 2 should be filled and 2 should be filled in by ond 2 should be filled in by the filled in by th	FATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	NAME	Allen
SALTIMORE, cate be execut on the second copers. Pages 1 ovol.	(YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SECURI E WAR OR DATES]	TY NO. 17 INFORMANT	ADDRESS	
DS, 201 W. PRESTON ST., B quires that the death certifica signed by the attending phys hen please remove carbon por to buriol, cremotion, ar remove inury, or other traumatic event.	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) CONDITIONS CONTRIBUTING TO DE	CEOF	rminal disease or conditio	N GIVEN IN PART Tro
TAL RECORDS, The low requirition. It has been significant. There is permit. There is shows any injury.	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [196 CONDITION FOR WHICH O	PERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
VI North Hygel	OR CONTRIBUTION CALLES OF DE	ATH HOUR A.M. MONTH DAY	YEAR	JRRED (ENTER NATURE OF INJURY IN IT	EM 18. PART 1 OR PART 2)
VISION OF PHEN CANADA AND CANADA	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FAR	M, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TAL OR ATTENDI by the hospitol of RAL DIRECTOR, a detrached for use note Dept. of Heal	sow the docean agrice of obovers Arrived Door	Herenti	DEGREE DATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	d hour and from the causes stated 22c. DATE SIGNED 23VITAL
HOS JIH I I THE	DICHAMA	C. DIETRICH "	BALTIMON	CE CITY IX	
TO HOSP retained k TO FUNE should be with the S	30 BURIAL, CREMATION, REMOVAL		ME OF CEMETERY OR CREMATOR	ASTERN AUE,	BALTO. MD.

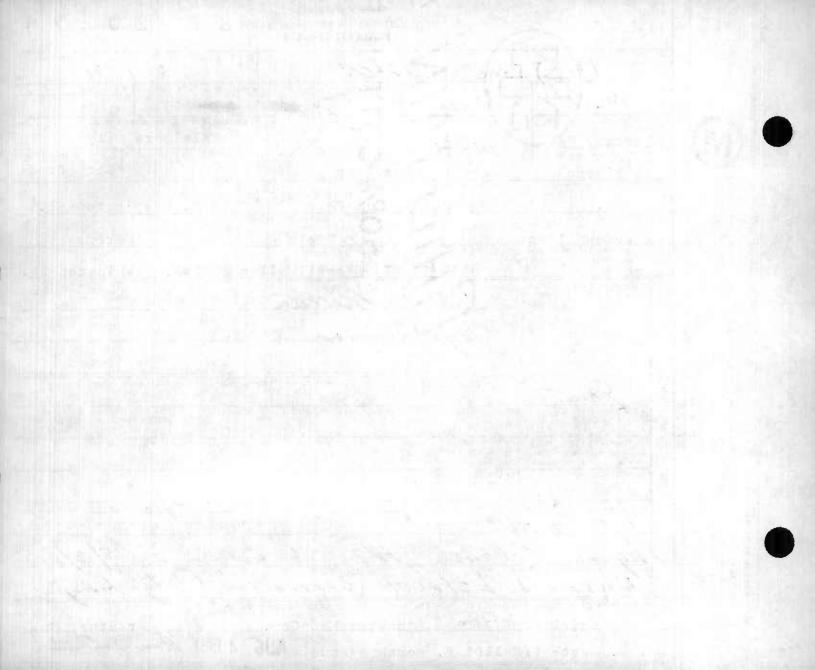


BALTIMORE.

PRESTON ST.

DIVISION OF VITAL RECORDS, 201 W.

STATE OF MARYLAND



	- 1	Items 18c.		0 0 0
~		FOR 8-14-81 STATE REGISTRAR	CERTIFICATE OF DEATH	0 2 9
	-	DECEASED NAME FIRST	REG. NO. MIDDLE LAST 20 DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
ot 9		TYPE OR PRINT) Will	10m Augustus Allen -81	81 630A
yom de	1	SEX	4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 H
Poge 4 r	8)	MALE	CAUCASIAN 4 27 18 63 YRS.	MONTHS DAYS HOURS A
4 重以 5元	Jan. 1	BIRTHPLACE STATEORFOREIGN COUNTRY CONTRY	75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY	BAHLMOTE CA
5 0 5		CITY OF IOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	12h, KIND OF BUSINESS
by the filed will	00	PARIE SE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	ENGR WESTER
filled in ould be		3a. STATE 13b. 00	UNIY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS	The Marufadunis
- ×		FATHER'S NAME	Arfordia, Fallston MED NOR 408 Merrie	Lane
omplete 1 and 2	2/1	FIRST	MIDDLE TAG MATTE	EMGE
dico des	7	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAD OR DATES	Fallst
S. Page	0/2	No -	215-09-1845 Anna" Allen 408 Merr	
icate hysici saper aval.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per line for (a), (b), and (c).) SED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ng pl bong rem		1/2/0 IMMED	IATE CAUSE (0)	
tendi e con umat		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF	
he d he at mati		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	1. 4
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) ESTI-OF Alston 19 81 8 Alton. Lee DEATH MATED 4. RACE SEX DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 24. DATE MONTH PRONOUNCED male black 8 1081 DEAD 6:00A A BALTIMORE CITY OR COUNTY OF DEATH 79. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Baltimore City WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 2 SHOULD BE FILED, V AL RECORDS, 201 W. ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 20. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS · North Avenue Baltimore Lnow SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY HMITS? MIDDLE INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO OPUNKNOWN) I FIF YES GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT.
OF HEATTH AND MENTAL HYGENE, D
RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Gun shot wound of head Gun: Unspecified IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? TO BURIAL, YES X NO 🗌 WRITING THE WOR ARDED TO THE CH GE 3 SHOULD BE U 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR 19 81 5:40 MAM 21201 PRIOR found shot CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21d. INJURY OCCURRED 21f. LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFIRE DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK street 1655 W.NorthAvenue, BaltimoreCity MD 22a. I certify that I took charge of the pegnoins described above, held on Autopsy Inspection and in my opinion Inquiry deoth resulted from Homicide X Undetermined monner TITLE (SPECIFY) ACTUAL DATE 8/1/81 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard.M.D. ADDRESS 111 Penn Street, Balto., MD 21201 230 BURIAL, CREMATION, REMOVAL 236. DATE COOUNTY Burial Panklin 8-7-81 Cem NC Perry'a BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251 PEGISTRAR'S SIGNATURE-Russ F/HDDRESS2222 W. North Ave **DHMH-17** (VR A15 ME (5)) 15M 2/80

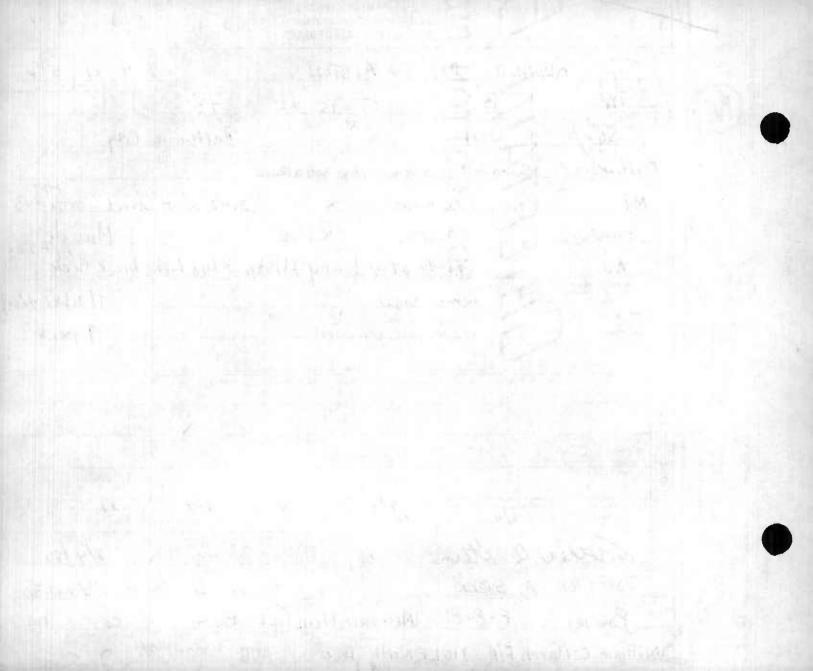
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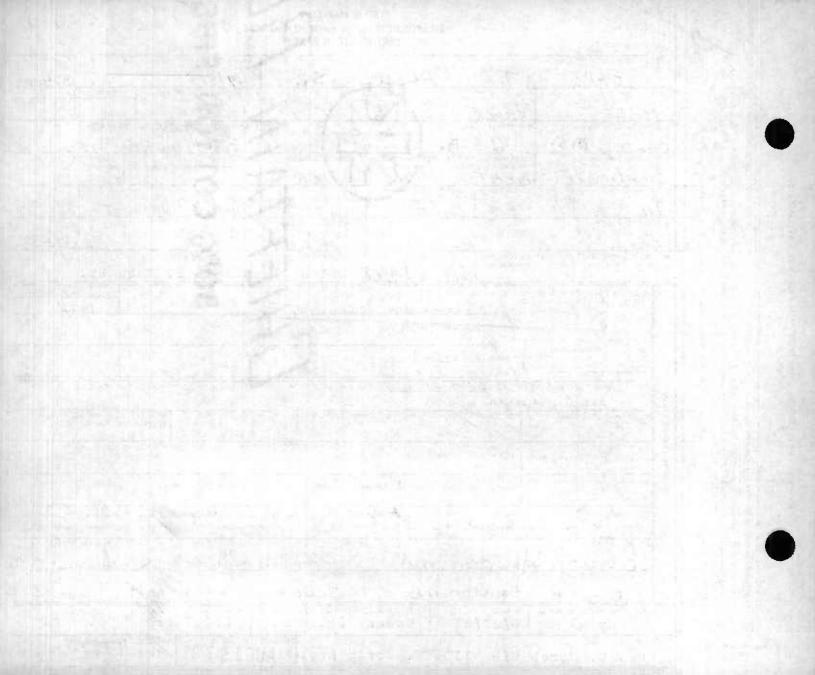
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	sow the deceased alive on	AUG 1 10 81	and that in (my) (%r) opinion	death occurred on the d	ate and hour and I-	om the course	Letota
	obove, (I) (we) (did) (did of)	view the body ofter death.	and mor in (my) (que) opinion	acom occorred on the d	are one nour and tre	on me couses	210160
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4 F	UNERAL DIRECTOR		250 DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S S	IGNATURE	
	NAME	ADDRESS	0.11		20	~	
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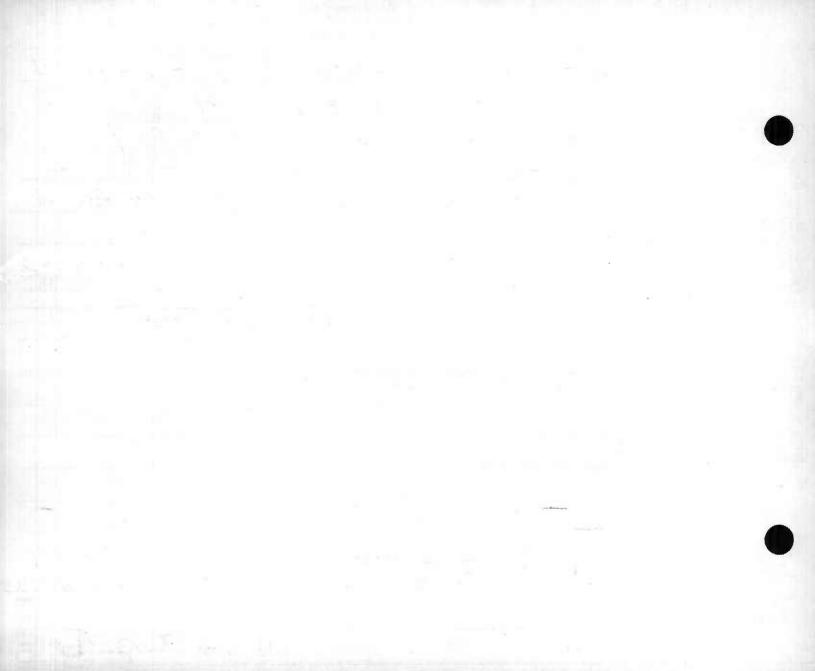
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Bb———Bb———	C	BURIAL, CREMATION, REMOVAL (SPECIFY) REMATION	8-28-81 WESTVIEW CREMATORY WESTVIEW BALTIMORE MD
DHMH-16 30M 2/80 (VRA 15, 4)	R	UNERAL DIRECTOR OBERT S. BAR	PRANCO SEVERNAPARKINS SEPO 1981

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STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN (Cathering) (TYPE OR PRINT) ESTI-8=9-81 Katherine DEATH MATED Anderson 4 RACE DATE OF BIRTH 3. SEX A AGE UN YEARS IF UNDER 1 YR IF LINDER 24 HRS YEAR DATE STBIRTHDAY) female hlack MIND 14 PRONOUNCED ďΫ 8-9-81 p DEAD 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) USA Baltimore City MD DIVORCED WIDOWED 2, AND 3 TO THE R. 3. RETAIN PAGE SHOULD BE FILED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12g. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore RIGHT AND STANFITT OF STANFITTE FOR MOST OF WORKING LIFE) USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 3168 Elmora Avenue 13a. STATE 113b COUNTY Baltimore 13d. INSIDE CITY LIMITS? GIVE PACE OF WITH FORM PM. PAGES 1 AND 2 ST 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST FIRST Shipley Johnson Hannah 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION (YES, NO. OR UNKNOWN) HEYES GIVE WAR OR DATES! 212-09-3407 Blanche Roberts 4591 St. Georges No CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY:

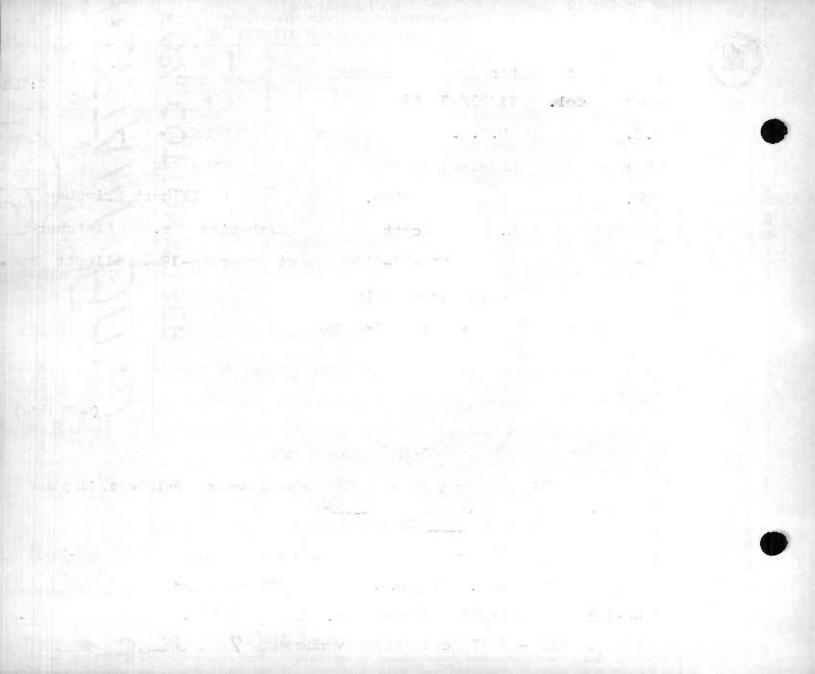
Arteriosclerotic cardiovascular disease APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HEALTH AND MENTAL HYGIENE, IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION **USED AS** E 3 SHOULD BE USED A DEPARTMENT OF HEA 31 PRIOR TO BURIAL, C 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO I YES 🔲 ICATE, WRITING THE W. FORWARDED TO THE TOR: PAGE 3 SHOULD B 71g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, WK PAGE & SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 XX 220. I certify that I took charge of the remains described above, held an Autopsy and in my apinion lnauiry Homicide Undetermined manner TITLE (SPECIFY) Assistant 8-10-81 DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 23d. LOCATION 230.BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY COUNTY STATE 8/13/81 Burial King Memorial. MD 24 FUNERAL DIRECTOR **DHMH-17** 1101 E. North Ave. Wm. C. March F/H VR A15 ME (5)

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ESTG	the atten remove a emotion, er trauma		Canditians, if any, which		nno				
84	t		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO					
. To	ed by lease ial, cr		underlying cause last	(c)		Hell III - Section			N= / M
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	fhen p to bur	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PAI	RT 1(a)
O C	bee mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	206. IF YES, WERE F	
TAL R	a c cac 3	RTIF	1/19/8/	Ruptured	auta		YES NO	YES 🗌	NO 🗆
IV.	ng physical certificate urial-transition of the sental Hygin litem 18 sh	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		NTH DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF IN)	RY IN ITEM 18, PART 1 OR PA	RT 2)
SION OF VI	ading physical discontinuous certification burial-transfer and the certification of the certi	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)		19	211 LOCATION			
ISIO S		MED	WHILE NOT WHILE	(AT HOME, STREET, FACTOR		STREET	CITY OR TO	WN COUNT	Y STATE
2	aspital or atter ECTOR: After the der use as the france of the new traff and marked m 21 is marked		22a I certify that (L (this hosp	tell attended the decease	d from 612	5) 19 8/	10	110 19 8	, that (1) (we) past
	- = = = = = = = = = = = = = = = = = = =	-	saw the deceased dive an abave, (I) (we (did (did no			nd that in (my) (aur) apiniar	death accurred an the d	ate and haur and fran	
	he has DIREC nached Dept.	3	226. SIGNATURE	1	н.	DEGREE			DATE SIGNED
	At O the detack of Do to Do		Mesen			ATTENDING PHYSICIAN	MEDICAL STA		7/1/8/
	FUNERAL by the three by the three by the state by the Sta		22d. PHYSICIAN'S NAME (TYPE C	PRINT)		22e. ADDRESS	c 1 11		
	TO FUNERAL DIRECT Should be detached to with the State Dept. of IMPORTANT: if them 2		1005 ong			Balhon	Coty Hos	satul	
		23a. E	SURIAL, CREMATION, REMOVAL	23b. DATE /8/		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP	24 FI	BURIAL	10/17/8/	GITTIDA		TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIG	1/2 CANATURE
	MH - 16 50M 7/77 (VR A 15 (4))	7	NAME		DRESS	IF ALL	C 1 / 1081	Rame Que	Marthe
the		17	E CONNE	141 36	0 11 11	The same of the sa	0 1 3 1201		Fighting scieds of Management

SERVICE STREET, STREET 是一种一种,这种一种一种,这种种种的一种,这种是一种的一种。 THE SERVICE WAS DESCRIBED ASSESSMENT OF THE PROPERTY OF THE PR FIRE ENGE BILLET BURN BURN SCHOOL the state of the s OF CENTRALES JEG WINEE STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME DATE KNOWN 75 HOUR (TYPE OR PRINT) 8-23-81 DEATH MATED POCOHONtas ANDERSON 3. SEX 4. RACE 6. AGE (IN YEARS IF UNDER 24 HRS 2c. DATE S 1, 2, AND 3 TO THE FUNERAL DIRECTOR 3. RETAIN PAGE 5 FOR YOUR ND 2 SHOULD BE FILED, WITHIN 72 HOTAL RECORDS, 201 W. PRESTON ST YEAR LAST BIRTHDAY) PRONOUNCED 63 8-23-81 11/23/17 female Col. DEAD 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. N.C. WIDOWED A ☐ Baltimore City DIVORCED 10. CITY OR TOWN OF DEATH 128, USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Homemaker OR INDUSTRY Lutheran Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13. STREET ADDRESS 1040 Driveway 13b COUNTY 13d. INSIDE CITY LIMITS? Balto. Md. YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 18. GIVE PAGES 1, 2 WITH FORM PM 3 MIDDLE Fleccher Charles Scott Catherine 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 7 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ING" IN PENCIL IN ITEM 18. GIVE INCLE, EXAMINER ALONG WITH FR A BURIAL - TRANSIT PERMIT. PAGE H AND MENTAL HYGIENE, DIVISIO MATION, OR REMOVAL. 213-36-6359 Robert Anderson-1040 Ellicott no CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary emboli DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which fracture of left leg gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost TO MEDICAL EXAMINER: THIS CERTIFICATE STATUTE OF EXECUTE THE CERTIFICATE, WINTING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL AFTER DEATH WITH THE STATE DEPARTMENT OF HEATH AND ME BALTIMORE, MARYLAND "21201 PRIOR IT OB URLAND, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ID CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? (BODY SONLY) YES X NO T 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TO OR HOUR A.M. MONTH DAY Y MEDICAL subject fell CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC Baltimore, Maryland WHILE AT WORK AT WORK 2908 Belmont Avenue grocery store 220 I certify that I took charge of the remains described obave, held an Inquiry and in my opinion Accident XX death resulted from: Natural couses Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 8-24-81 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Virginia L. Dolan, M.D. 111 Penn Street (TYPE OR PRINT) ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION COUNTY Md. Balto. Burial 8/26/81 Arbutus Mem. Pk 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE AUG 2 7 1981 24 FUNERAL DIRECTOR **DHMH-17** Russ - 2222 West North Avenue (VR A15 ME (5) 15M 2/80



DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	FOR STATE REGISTRAR		DEPARTN		ICATE OF	DEATH	0 .	6. NO.	2	0 3	10
	CEASED NAME FIE	RST /	AIDDLE		LAST		20. DATE OF DEAT		NTH DAY	YEAR	2b HOUR
	THOR	RNTON		Al	NDERSO	N JR		8	10	81	10:00A _M
3 SE		4. RACE		S. DATE (WF LD	6. AGE (IN YEARS LAS	T BIRTHDA	(Y) IF U	UNDER 1 YEAR	IF UNDER 24 HRS
	MALE	BLACK		4	24	17 TEAR	64		YRS.	DATS	MIN.
	IRTHPLACE (STATE OR FOREIG COUNTRY) TEXAS	Jb. CITIZEN OF	• WHAT COUNTRY?	MARRIE	_	R MARRIED DIVORCED	9 BALTIMORE CIT	_		DEATH	MD.
	BALTIMORE	VAMC, L	OSPITAL, NURSING H FACILITY, GIVE STREET A OCH RAVEN	DDRESS)			120 USUAL OCCUP (TYPE OF WORK FOR MC SECURITY	OST OF WO	ORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINESS OR
/ 3a.	MARYLAND	COUNTY	13c. CITY OR TOWN BALTIMO	N	YES 🔯	CITY LIMITS?	13e STREET ADDRE	SS WICI	K AVEI	NUE 2	1216
	THORNTON		NDERSON	SR	FA	R'S MAIDEN NA/ NNIE	MAE		(CRINE	Ř
	WAS DECEASED EVER IN U YES, NO OR UNKNOWN) (IF YES	YES, GIVE WAR OR DATES!	166. SOCIAL SECUI 455 14 34		Doro		derson :	DRESS 1639	9 N.	Warw	vick Ave
2	Conditions, it any, which gove rise to immediatouse (o), stating underlying couse to PART 2 OTHER SIGNIFIC	ote (b) ote the ost. (c)	R AS A CONSEQUE	NCE OF		CINO ED TO THE TERM		ONDITK	on Given	IN PART 1	0
CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERF	ORMED	20a AUTOPSY?	IN	b. IF YES, WI CERTIFYIN	G CAUSES	NGS USED S OF DEATH?
	210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALE)	OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c. HOW	INJURY OCCURE	RED (ENTER NATURE OF	NJURY IN I	ITEM 18 PART	OR PART 2)	
MEDICAL	WHILE NOT WHILE AT WORK	21e PLACE ((AT HOME STR	DF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	211 LOCAT		CITY O	RTOWN		COUNTY	STATE
	22a. I certify that (X) this sow the deceased a above, (X) we (did X)	hospital) attended the live on <u>AUGUST</u> AXX of, view the body	deceased from 10 19 8 ofter death.	1	nd that in 🗝	, 19. <mark>81</mark> y) (our) opinion o	, to <u>AUGUS</u> death accurred on th		. 19.	nd from the	
	226 SIGNATURE	nane	Okum	LM	DEGREE	ATTENDING PHYSICIAN	MEDICAL S DIRECTOR PHY	TAFF	DXI	8 1	081
	120 PHYSICIAN'S NAME		KUN	,	3900		EN BLVD.,	BALI	[IMORE	E, MD	21218
23a	BURIAL, CREMATION, REM	OVAL 23b. DATE	23c N	AME OF C	EMETERY OF	RCREMATORY	23d. LOCATION				

230 BURIAL, CREMATION, REMOVAL SPECIFE Burial

8/14/81

Md. Veteran Cem | 730 DATE REC

23d LOCATION
CITY OR TOWN
Crownsville

STATE

24 FUNERAL DIRECTOR
Wm. C. March F/H 1101 E. North Ave.

LUNG ABSCESS

MARC OKUM

Lilly & Zeiler Inc. 1901 Eastern Ave.

- STATE

REGISTRAR

DECEASED NAME

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND

CERTIFICATE OF DEATH

LAST

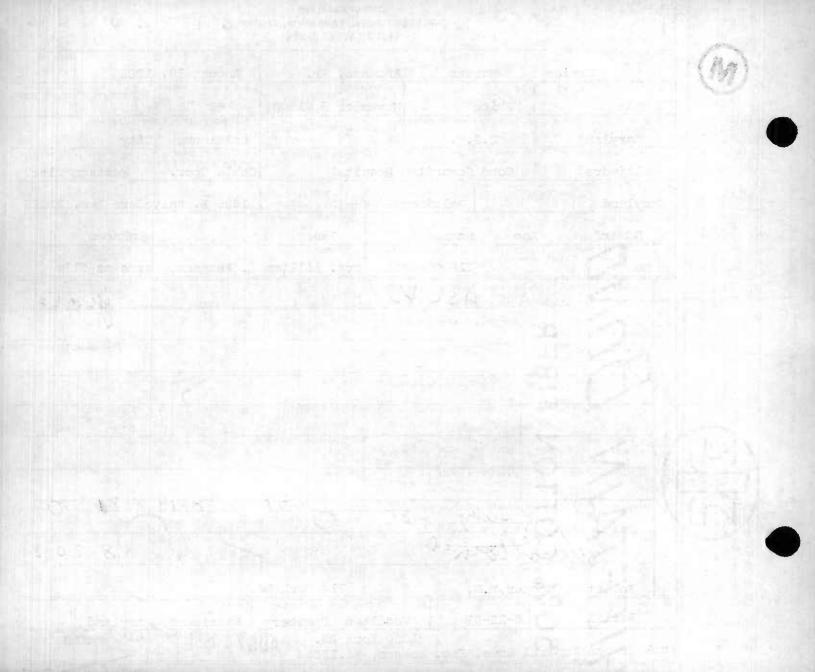
DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO 20. DATE OF DEATH MONTH AUGUST 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Home 13e. STREET ADDRESS
512 S. Madiera St. Keibler Chester J. Antkowiak 512 S. Madiera St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NO F COUNTY STATE our and from the couses stated 22c. DATE SIGNED

Baltimore Co.

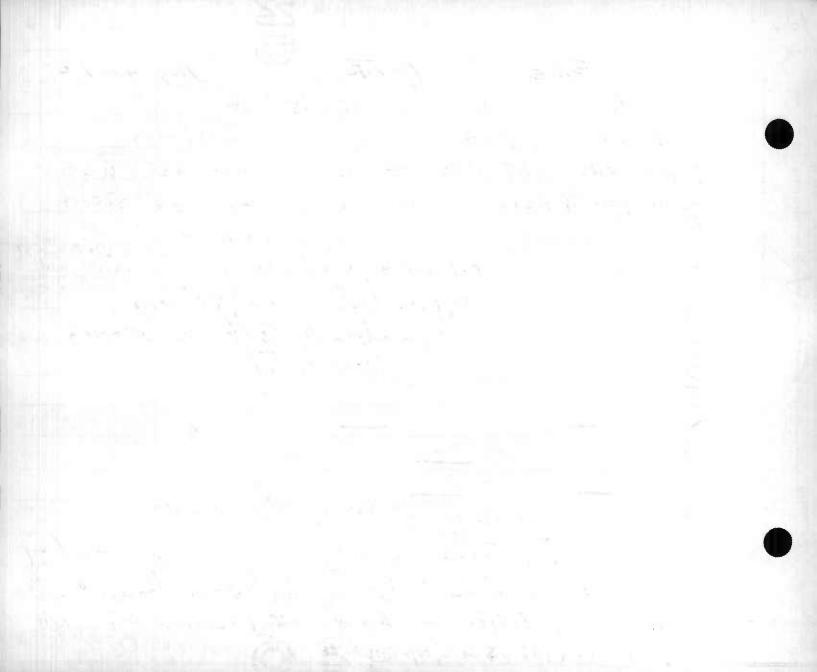
BALTIMORE

Believe and the second of the And the state of t - Contains filly is collection. 1901 English Age.

	REGISTRA						REG. N		
1	DECEASED NA	ME FIRST	MIDDLE		U	AST	20 DATE OF DEATH	MONTH DAY	YEAR
1	(TITE OR PRINT)	Xavier	Marcu	s	Anzma	ann, Sr.	August 1	9, 1981	
3	SEX		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR		ER I YFAR
	Male		White		Noven	mber 5, 1908	-62 72	YRS.	DAYS
21	BIRTHPLACE COUNTRY)	(STATE OR FOREIGN	76 CITIZEN OF WHAT	T COUNTRY?	MARRIET	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DI	EATH
5		land	U.S.A		WIDOWE	D DIVORCED	Baltimore		
15	Baltim	ore	Good Sa	uity, Give street marita	n Hosp	or other institution	120. USUAL OCCUPATION OF CAble Oper	F WORKING LIFET IN	KIND C DUSTRY Ster
25	30. STATE Marylan	13b COL		RESIDENCE BEFORE CITY OR TOWN	VN	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 1626 E. B	elvedere	Ave
1-	4 FATHER'S NA		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME		
200	Edwa			mann		Agnes	WIDDIE	Unkno	own
1	60. WAS DECEA	SED EVER IN U.S. A	RMED FORCES? 16b S	SOCIAL SECU	JRITY NO.	17 INFORMANT	ADDRE	SS	
	No	(11 123, 0	210	6-09-9	429	Mrs. Lillian	L. Anzmann	, same a	as #
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Second injury, or other troumonic event,	gove rise couse (d underlying	s, if ony, which to immediate to immediate to), stating the g cause lost.	DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRI	A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM N WAS PERFORMED	NINAL DISEASE OR CONI	DITION GIVEN IN 206. IF YES, WERI	PART 10
A milaty or ome recommend	gove rise couse (d underlying	s, if ony, which to immediate to immediate by stoting the grouse lost. THER SIGNIFICANT	DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRI	A CONSEQUI	ENCE OF	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERI IN CERTIFYING (YES []	PART 11 E FINDICAUSES
20 stores out inferty, or omer recommendations	PART 2 O	s, if ony, which to immediate to immediate to starting the groupe lost. THER SIGNIFICANT OF OPERATION NT WAS UNDERLYING UTING CAUSE OF DI	DUE TO, OR AS A (b) DUE TO, OR AS A Ic) CONDITIONS CONTRI 196 CONDITION ATH HOUR A.M. A	A CONSEQUI	DEATH BUT I		200 AUTOPSY?	20b. IF YES, WERI IN CERTIFYING (YES []	PART 10 E FINDI CAUSES
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99	PART 2 OF CONTROL OF C	s, if ony, which to immediate t	DUE TO, OR AS A (b) DUE TO, OR AS A (c) CONDITIONS CONTRI 19b CONDITION 21b. TIME OF INJUMENTAL A.M. A P.M. 21e. PLACE OF IN. (AT HOME. STREET, FACTOR) OR PRINT) CONCER, M.D.	A CONSEQUI BUTING TO FOR WHICH URY MONTH DA JURY CTORY, OFFICE, F eosed from	DEATH BUT II OPERATION AY YEAR 19 FARM, ETC.)	216. HOW INJURY OCCURI 216. LOCATION STREET d that in (my) our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the do DIRECTOR PHYSIC	20b. IF YES, WERING CERTIFYING YES 14 IN ITEM 18 PART 1 OR	E FINDIII CAUSES PART 2)



11	STATE OF MARYLAND
10	1 - FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 2 0 3 1 3
9 E 4	1 DECEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 28 HOUR PRINTS FELICE Apolito Aug. 41981 46. M
moy be poge 3 death	3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
- (M)	MAIR White JAN 15, 1895 86 YRS.
	76. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED D DWORCED BALTIMORE MD.
by the fall of the day	BATIMORE III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IZE USUAL OCCUPATION INDUSTRY. BATIMORE FOR MOST OF WORLING LIFE INDUSTRY. BATIMORE FOR MOST OF WORLING LIFE INDUSTRY. BATIMORE LET U.S. GOVY
an 24 hou on 24 hou out be	USUAL RESIDENCE (IF NURSING HOMEON OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 131. CITY OF TOWN 132. CITY OF TOWN 133. INSIDE CITY LIMITS? 130. STREET ADDRESS 140. STREET ADDRESS 150. STREET A
MARYL omp	14. FATHER'S NAME FIRST UNKNOWN LAST LAST ON CONTROL OF LAST LAST
BALTIMORE, cote be execut by sicion and co pers. Pages 1 in, the medical with the medical will be seen to be s	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 4204 VANTS-GRENS (185, NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) 087-10-9394 ANNA A. ERRICO HVATTSVILLE, WILL.
he death certificate he attending physicic emove corbon paper motion, or removal. I froumatic event, the	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSQUENCE OF Conditions, if any, which gove rise to immediate
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IVISION JG PHYS oftendin ter this of she but hand Me hand Me And	21é. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK
O S E B	22a. I certify that (I) (this haspital) attended the deceased from the deceased from the deceased alive an that (I) (we) lost saw the deceased alive an the deceased alive and that in (my) pour) opinion death occurred on the date and hour and from the causes stated
the hospital to he hospital to he hospital to he for u to he for u to he bept. of H hem 21 is	above, (I) (we) (did) (did not) view the body after debth 22b. SIGNATURE DEGREE 7 ATTENDING MEDICAL STAFF
HOSPITA bined by FUNERA solid be de th the Stot	2724 PHYSICIAN'S NAME (TYPE OR PRINT) 270 APPRESS 270 APPRESS 270 APPRESS
2 2 2 3 3	230. BURIAL CREMATION, REMOVAL 236. DATE 231. NAME OF CEMETERY OF CREMATORY 236 LICCATION STATE STATE AND CEME BRENTWEED P.G. Md.
DHMH-16 20M (VRA 15, 4) 7/78	24 FUNERAL DIRECTOR FRANCIS GASCLIS SENS, HYATTIVILLE, W. AUG 10 1981 FRANCIS GASCLIS SENS, HYATTIVILLE, W. AUG 10 1981



STATE OF MARYLAND

ADOUST 25, 1961 6 4 FRANK APPEC CITY BALTINERE REFERENCE MARCHETTE Cardinepinalory Corred lackenice Heart Callace A Tile y-xxc Stroke - 6 disniplegia 9 may 31 as and as a standard as and as Edmund & Billian Vil 350058 E. G. BEACHAMAND BATINGEC TY HOSPITHS

23b. DATE

8-15-1981

Ruck Towson Funeral Home, Inc. Towson, Maryland

STATE

TYPE OR PRINT)

RECUSTRAR DECEASED NAME

23a. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/B1

(VRA 15. 4)

Burial

STATE OF MARYLAND

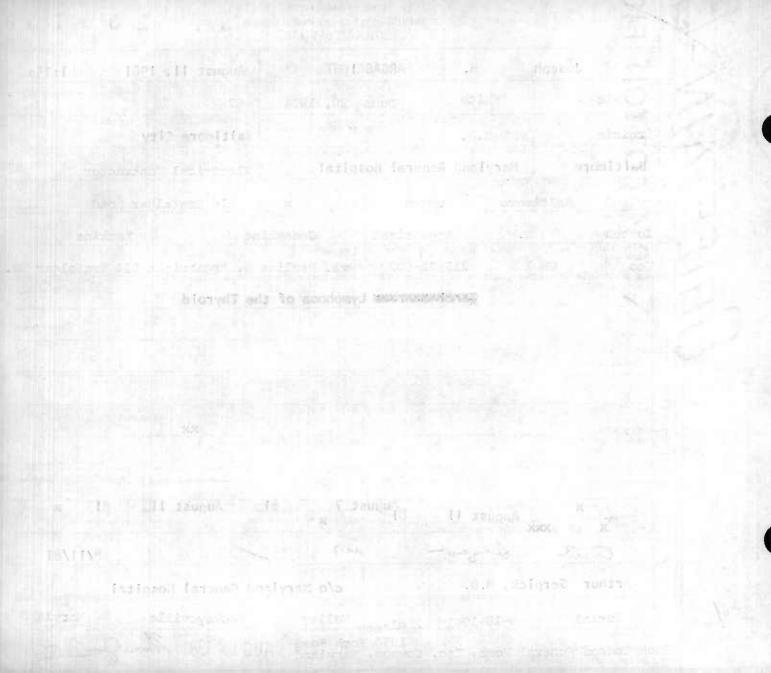
CERTIFICATE OF DEATH

23c NAME OF CEMETERY OR CREMATORY

ADDRESS 1050 York Road

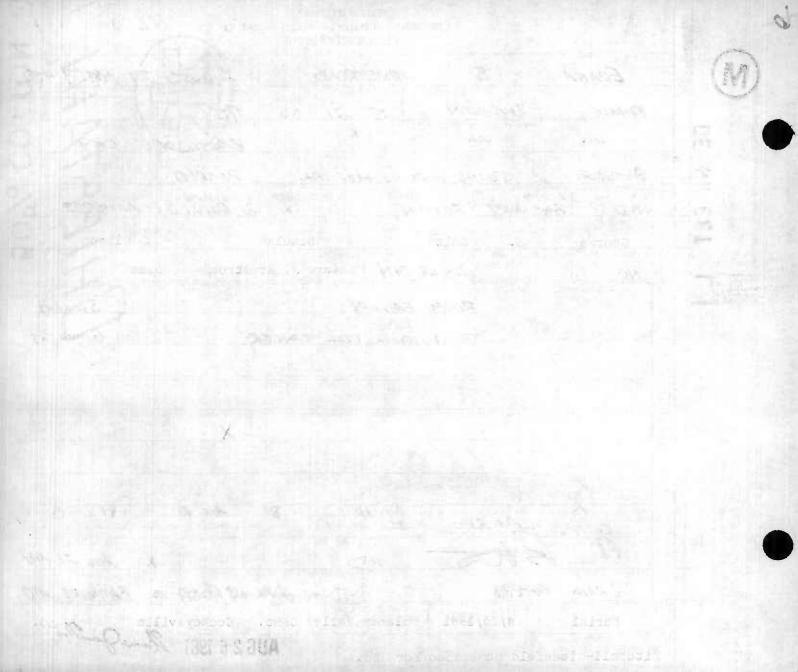
Valley

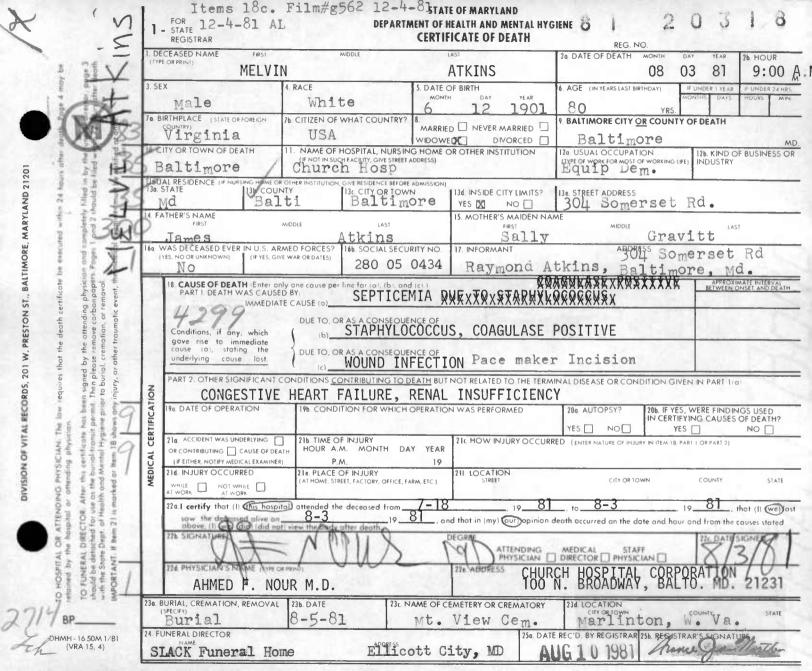
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 20 DATE OF DEATH MONTH 2b HOUR August 11, 1981 IF UNDER ! YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Electrical Contractor 814 Trafalgar Road Larkins Mrs. Pauline B. Argabright 814 Trafalgar Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F CITY OR TOWN COUNTY 22c. DATE SIGNED 8/11/81 Maryland Cockeysville



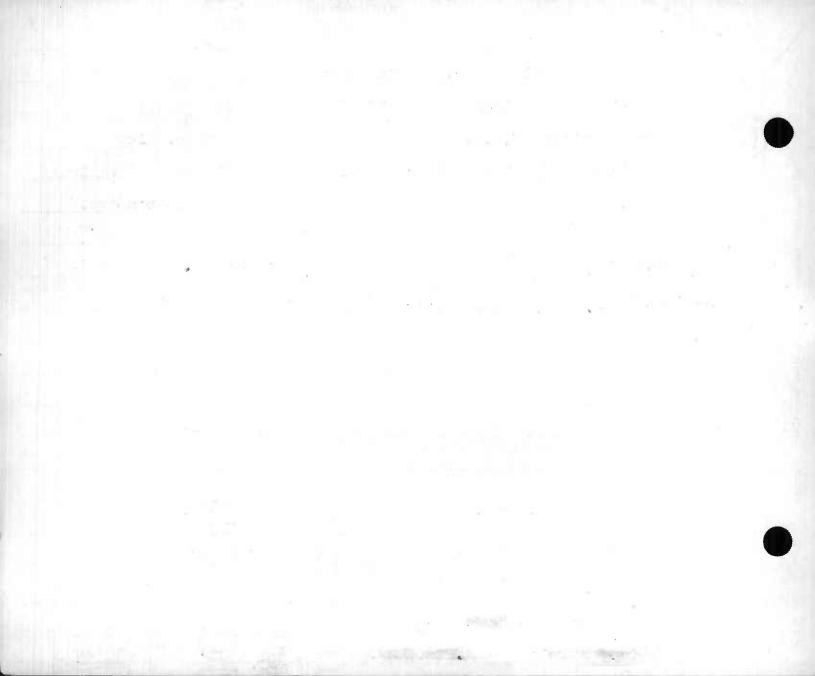
	1 -	FOR STATE REGISTRAR		DEPARTA	ENT OF H	OF MARYLAND EALTH AND MENTAL HYGICATE OF DEATH	GIENES REG. NO	2 0	3 1	6
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ge ector, po	3. SEX	Male	4 RACE White	3	S DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UN		HOURS MIN
death. Page toneral direct him 72 hours	CC	RTHPLACE (STATE OR FOREIGN DUNTRY)	75 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED TO	9 BALTIMORE CITY O		DEATH	MD
The state of the s	10 CI	Baltimore	NOT IN SUC	HOSPITAL, NURSING HEACHLITY, GIVE STREET A	(DDRESS)	PROTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF TOPE)	ON 1 F WORKING LIFE)	126 KIND OF E	BUSINESS OR
AND 212	13a. S	1000	toomery	GIVE RESIDENCE BEFORE 13c CITY OR TOWN Gaithers	V	13d INSIDE CITY LIMITS? YES NOX	13. STREET ADDRESS 10205 Ric	dgeline	Dr.	
, MARYL, and within the within th	14 FA	THER'S NAME FIRST Michael	MIDDLE	Armistea	ad	15. MOTHER'S MAIDEN NA FIRST Janet	K.		LASIT	
TIMORE, MA		VAS DECEASED EVER IN U.S. AF EES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? E WAR OR DATES)	166 SOCIAL SECU	rity no.	same as 13E	ADDRE	SS		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician. After this certificate has been signed by the attending physician and campletely filled in by as the buriof-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be file than and Mental Hygiene prior to buriof, cremation, or removal. And the stows any injury, or other traumatic event, the medical examine must be no arked or team 18 shows any injury, or other traumatic event, the medical examine must be no	NO	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OI DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	DITION GIVEN I		ATE INTERVAL SET AND DEATH
TAL RECORI	CERTIFICATION	19a. DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES O	S USED OF DEATH? NO [
VISION OF VITAL I	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	HOUR A	M. MONTH DA M.	19	211. LOCATION STREET	RED (ENTER NATURE OF INJUR		OR PART 2}	STATE
00 00 E		WHILE NOT WHILE AT WORK 220.1 certify that (I) (this hasp		19	, or	, 19, 19	death accurred on the de	te and hour one		ot (I) (we) lost
OR he ho DIRE		Blow HTSICIAN'S NAME (1994	Sing	und.	110.	ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAF		7-26	GNED -81
TO HOSPITAL TO FUNERAL should be det with the Store		BiRobert GI	9WGRA	noi M	12					
D000 BP	B	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL UNERAL DIRECTOR	8/17	/81 NEV	L CAT	HEDRAL 430	23d. LOCATION CITY OR TOWN	cou K . RD . I	MIY JALTO:	STATE 21229
DHMH - 16 50M 1/76 (VR A 15 (4))	74 1	WITZKE F. HOM	E 1630	EDMONDS	SON A	VE.BALTO.	NG2 121981	Manu (2-2	as the

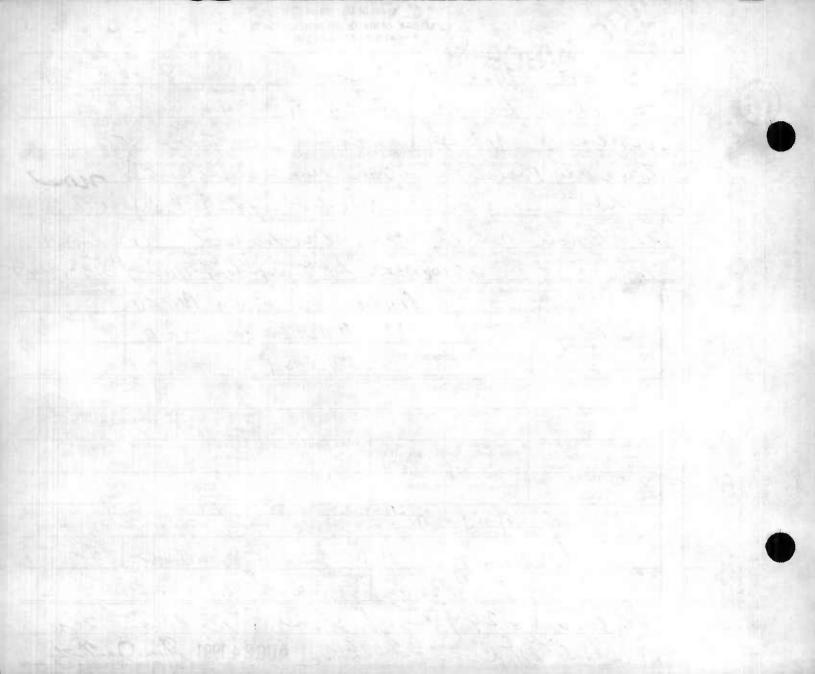
THE PERSON NAMED IN COLUMN RESURED TANKS



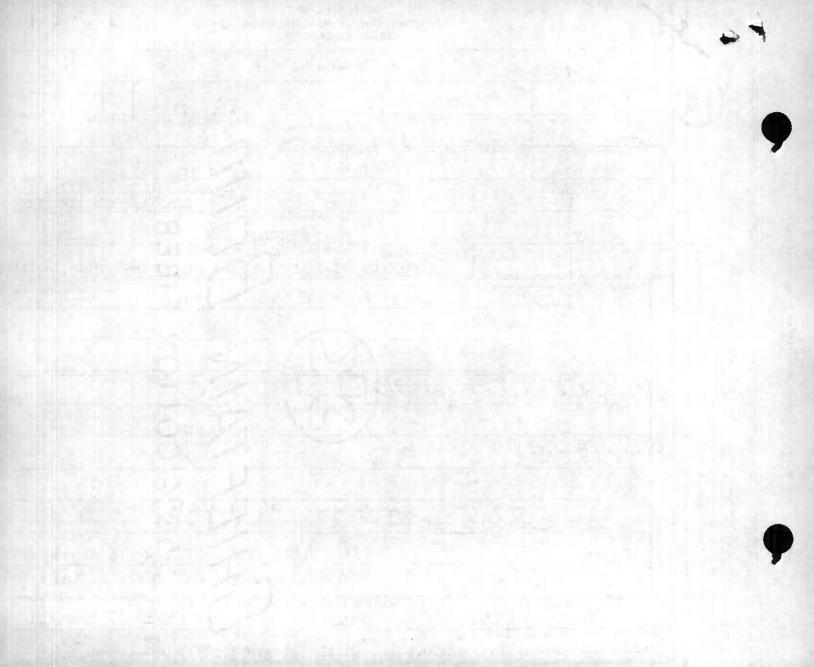


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e 7.5		CEASED NAME FIRST	MIDDLE		MAN.	20 DATE OF DEATH MON		HOUR
e 4 moy	1, 58		1 RACE WHITE	S. DATE C	PERTH SAY SEAR	6 AGE (IN YEARS LAST BIRTHDAY	IF UNDER TYEAR IF	UNDER 24 HRS OURS MIN.
oth. Pog	så.	INTERPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	JTRY? 8	NEVER MARRIED	9. BALTIMORE CITY OR CO	DUNTY OF DEATH BALTIMORE	
by the filled hopfied	10 C	Ballmon	11. NAME OF HOSPITAL, N	URSING HOME C		120. USUAL OCCUPATION (179) OF WORK FOR MOST OF WO HOUSEWIFE	12b. KIND OF B	
filled in ould be	130.	AL RESIDENCE (IF NURSING HOME COL	OR OTHER INSTITUTION GIVE RESIDENCE INTY HOPE	E BEFORE ADMISSION)	134 INSIDE OFFY LIMITS?	1693Q BRQQKMI	LL RD. #212	215 T-2
mpletely ond 2 sh	14. E	ATHER'S NAME FIRST HARRY	MIOOLE DEUTC		15. MOTHER'S MAIDEN NA FIRST DEBORA	ME	UNKNO	OWN
on and co		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!	0e/611320 ********		ELY ATTMANRESS VALLEY DR., O	WINGS MILLS	, MD2111
the death certificate the attending physici emove corboneoper motion, or removal.	`	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the	only one couse per line for (o), (ED BY: ITE CAUSE (o) DUE TO, OR AS A CON! (b) DUE TO, OR AS A CON!	SEQUENCE OF	HRY EMB	30L15M	APPROXIMAL BETWEEN ONS	E INTERNAL ET AND DE ATM
been signed by the mit. Then please re prior to burial, cree only injury, or other	ATION	underlying couse lost. PART 2. OTHER SIGNIFICANT	(c)	GI DEATH BUT			DN GIVEN IN PART 1(0)	SUSED
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G PHYSICIAN: T attending physici er this certificate is the buriol-transi and Mental Hygici end Mental Hygici end mental lash	MEDICAL C	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATÉ
OR ATTENDING the hospital or at DIRECTOR: After sched for use os Dept. of Health of Health		220.1 certify that (I) (this hasp sow the deceased alive a		19 5 , 08	, 17	deoth occurred on the dote o		4
HOSPITAL O		224. PHYSICIAN'S NAME (TYPE	OR PRINT)	M	D ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	& any.	6,81.
ρ		BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	8/7/81	23c NAME OF C	I METERY OR CREMATORY FILOH	23d. LOCATION CITY OF TOWN BALTIMA	RE COUNTY MARY	LAND
P-DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR SOL	LEVINSON & BROWN RD. BALT	OS., INC		E REC'D. BY REGISTRAR 256.		atle



BUN W. STARRE EDF Line Dipole Pares News Inches this certificate has been signed by the attending physician and completely filled

carbon papers. Pages 1 and 2 sh

STATE OF MARYLAND FOR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			CERTIF	ICATE OF	DEATH	REG. N	0		
I. DE	CEASED NAME FIRST	E I I S S S S S S S S S S S S S S S S S	MIDDLE	W.	LAST		2a DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(117)		URBERT E	rooks		AUVIL			08-0	6-81	3:30pm _M
3 SE	X	4. RACE		5. DATE			6. AGE (IN YEARS LAST BI	THDAY)	IF UNDER 1 YEA	R IF UNDER 24 HRS
	Male	Whi	te	9	15	1900	80	YRS.	MONTHS DAT	HOURS MIN.
Tu. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	- D NEVER		BALTIMORE CITY		Y OF DEATH	
	West Virginia	U.S	. A .	WIDOWI	D NEVER	NORCED T	Baltimo	co Ci	4	44.0
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME			12a USUAL OCCUPAT	ION	12b. KIND	OF BUSINESS OR
	Baltimore		h Hospita				Foreman	F WORKING L		Mfgr.
I SU	AL RESIDENCE (IF NUR INL	E OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)			TOTEMATI		preer	MIGI.
	Maryland Ba.	ltimore	Dundalk		YES T	NO 🔀	30 Midship	Road	d 21222	
14. F/	ATHER'S NAME	MIDDLE	LAST			S MAIDEN NAM	AE MIDDLE			AST
1	Jacob		Auvil		Vir	ginia	Model			moth
	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166. SOCIAL SECU	RITY NO.	17. INFORM	ANT	ADDR	SS		
,	No	, GIVE WAR OR DATES)	213/09/3	957	Herme	n D. Aus	vil 67 Broa	dshir	Rd. 2	1222
	18 CAUSE OF DEATH (Ente	r only one couse pe	r line for (a), (b), and	AL AL	VANCEL	CARCIN	OMA			XIMATE INTERVAL
	PART I. DEATH WAS CAL	USED BY: DIATE CAUSE (b)	RIGHT LUN	IG WIT	TH META	STASES			-	3 CHOCK HAVE BERNIN
39	1639 MMEL							-		
13	Conditions, if any, which		R AS A CONSEQUE	NÇE OF						
	gove rise to immediate									
	couse (a), stating the underlying couse last.	DUE TO, O	R AS A CONSEQUE	NCE OF						
	D. D. C.	(c)								
Z	PART 2 OTHER SIGNIFICAN	NI CONDITIONS C	ONTRIBUTING TO D	DEATH BUT	NOT RELATED	O TO THE TERMIN	NAL DISEASE OR CON	DITION GI	VEN IN PART 1	lto
CERTIFICATION	190 DATE OF OPERATION	TIAL COND	ITION FOR WHICH	ODERATIO	NAME OF DE	201150	Tan ALITORGUS	Last IE VE	C MESS SOLO	
FIC.	THE DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DKWED	20a AUTOPSY?	IN CERTI	S, WERE FIND FYING CAUSE	S OF DEATH?
RTI					100		YES NOXX		ES 🗌	NO 🗌
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	Line i in		Y YEAR	21c HOW IN	NJURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
CA	(IF EITHER NOTIFY MEDIC ALEXAM	INER) P.	M.	19						
MEDICAL	21d INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC 1	211 LOCATI		CITY OR TO	WN	COUNTY	STATE
-	AT WORK NOT WHILE AT WORK			07	22	81				
	22a.1 certify that (1) this ha	110 116			23-		to08-06.		19_81_	, that (IT we last
	sow the deco sed alive obove, (I) (We) (did) did	on U8-06-	ofter death	81, 01	nd that in (my)	our opinion de	eath occurred on the d	ate and ho	ur and from th	e couses stated
	22b. SIGNATUR	1	CIAN	2 /	DEGREE				22c. DAT	ESIGNED
	/ /	Num	no coy		MP.	ATTENDING PHYSICIAN TO	MEDICAL STAI		8	6/81
	224 PHYSICIAN'S NAME (TY	PE OR PRINT)	/		22e. ADDRES	S CHIIRCH	HOSER HOSE	N H	OSPITAL	CORP
	DR. GOPAL GU	RUSWAMY M	1 D		100 N.		AY BALTIMO			21231
73n I	BURIAL, CREMATION, REMOV			AME OF C	EMETERY OR		123d LOCATION	الا و ۱۱۱	MILMIL	721231
234 [(SPECIFY)		11 11 11 11 11 11 11 11				CITY OR TOWN	25,12	COUNTY	STATE
	Burial	8/10/	TART WO:	relan	d Memo:	rial Par	k Baltimo	re. M	larvlan	d

Moreland Memorial Park

TO FUNERAL DIRECTOR: After

TO HOSPITAL OR

BP.

should be detached for use as the burial-transit permit. Then pl with the State Dept. of Health and Mental Hygiene prior to bur

marked ar Hem 18 shows any

IMPORTANT: If Item 21 is

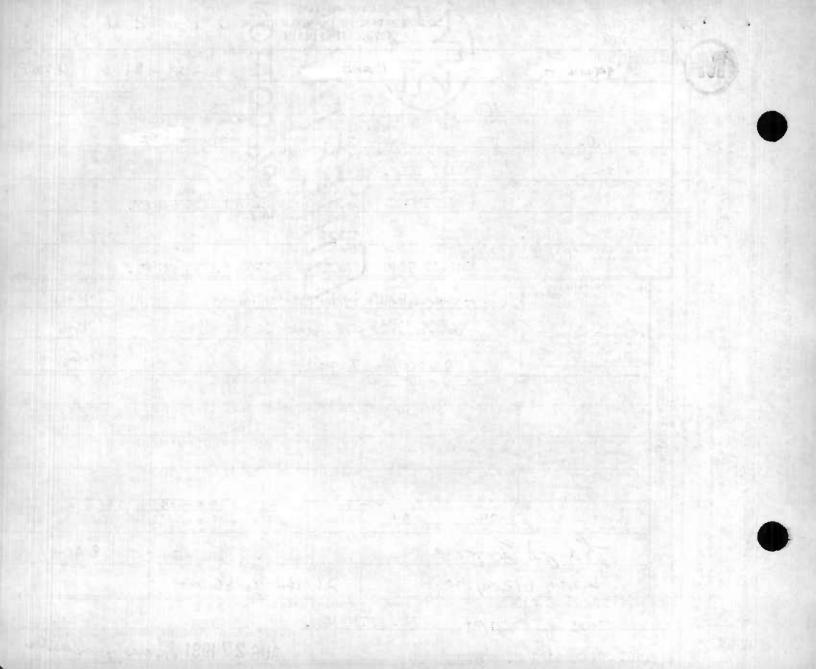
24 FUNERAL DIRECTOR
NAME
Walter Brooks Bradley Inc. Balto., Md. 21222 DHMH - 16 50M 1/81 (VRA 15, 4)

1 Park Baltimore, Maryland

250. Date REC'D BY REGISTRAR 75K REGISTRAR SIGNAL

AUG 1 1901

1 - STA'	TE ISTRAR	DE		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	2.0	5 2 4
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3 SEX		RACE	5. DATE (DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS: D	YEAR IF UNDER 24 HRS DAYS HOURS MIN.
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officed of Sold Sold Sold Sold Sold Sold Sold Sold		USA 1. NAME OF HOSPITAL, N I IF NOT IN SUCH FACILITY, GIV PROVIDENT	E STREET ADDRESS)		BATTTMORE 120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF		MD. ND OF BUSINESS OR STRY
	IDENCE (IF NURSING HOME OR OF 13b COUNTY	THER INSTITUTION, GIVE RESIDENCY 13c. CITY O	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS 2701 HOFFMA	AN ST.	
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The state of the s	ECEASED EVER IN U.S. ARME ORUNKNOWN) I IF YES, GIVE W	AR OR DATES)	2-7540	DAVID BABB 2	ADDRE 701 E.HOFFMA	.\$ S	
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by the ather other con	e rise to immediate se (a), stating the erlying couse last	DUE TO, OR AS A CON	rbella	Fichenia		7	Day
	2. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PAR	₹T 1(p)
he lor an. hos I tperrene pans a aws o	ATE OF OPERATION	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FI IN CERTIFYING CAU YES []	NDINGS USED USES OF DEATH? NO [
7 E E E E E E E E E E E E E E E E E E E	ACCIDENT WAS UNDERLYING DATRIBUTING CAUSE OF DEATH THER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCUR	RED JENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PAR	T 2)
O PHYSICIA ootendage by the bright of the br	NJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,		211. LOCATION STREET	CITY OR TOW	VN COUNTY	STATE
S S S S S S S S S S S S S S S S S S S	certify that (I) (this haspital ow the deceased alive an above, (I) (we) (did) (did not	8-24-	0 1	nd that in (my) (our) apinion	, to		that (I) (we) last
OR A	GNATURE Parxs	Pergno		DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	ee a	ATE SIGNED
HOSI FUN Wuld b h the	Long S.	Penny Mo		22e ADDRESS	ey Hyle Ace.		
DED 23 BURIAL (SPECIFY)	, CREMATION, REMOVAL	236 DATE	730 NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		8/31/81		I''I. IVIHTVI	LAURET		. MD



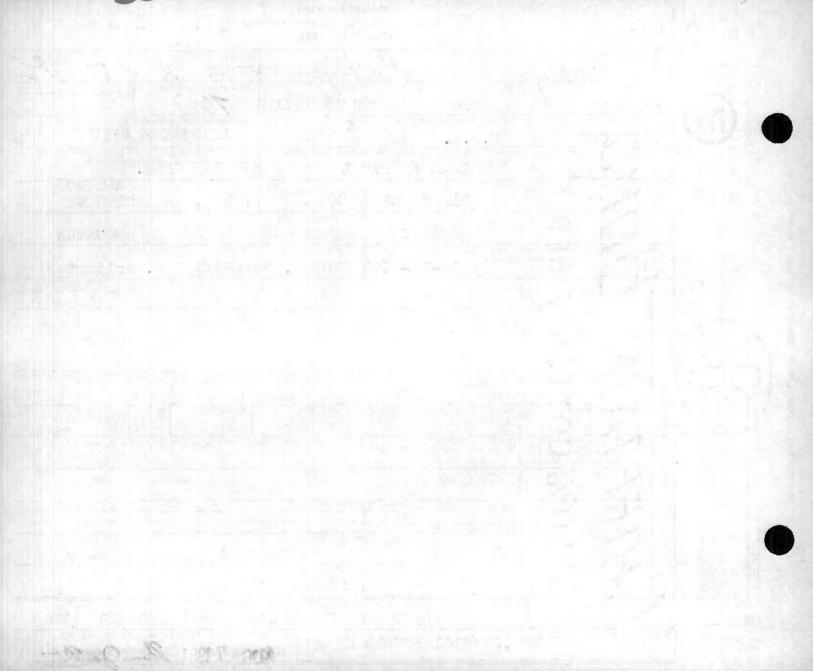
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	yor		REGISTRAR	1		CERTIF	ICATE OF DEATH	REG. N	٥.		
	- 1		EASED NAME AKTAT	Collin	P. Bag	cley '	AS1	20 DATE OF DEATH	MONTH DAY	YEAR 2b. HO	UR
ay be age 3 death	- 1	,,,,,	PREST	ON CO	OLLIN	BAG		AUGUST	84.	81 10.	PM
m ma		3. SEX		4 RACE		5. DATE C	DE BIRTH YEAR	6 AGE (IN YEARS LAST BIRT	HDAY) IF UND		R 24 HRS
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AL RECOR he law render. Ans been t permit. T	9	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO		RE FINDINGS USE CAUSES OF DEA NO [TH?
A OF VITAL SICIAN: The ng physiciar certificate h riral-transit p	Item 18 st		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF HOUR A.A	MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OF	R PART 2)	
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AL OR ATTEN the haspital AL DIRECTOR. letached for up	T: If Hem	9	22b. SIGNATURE	nery		1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _	8 -4 ST	
TO HOSPITAL retained by the TO FUNERAL should be deto	PORTAN		22d. PHYSICIAN'S NAME (TYPE OF	0	ery,	MD.	22e ADDRESS				
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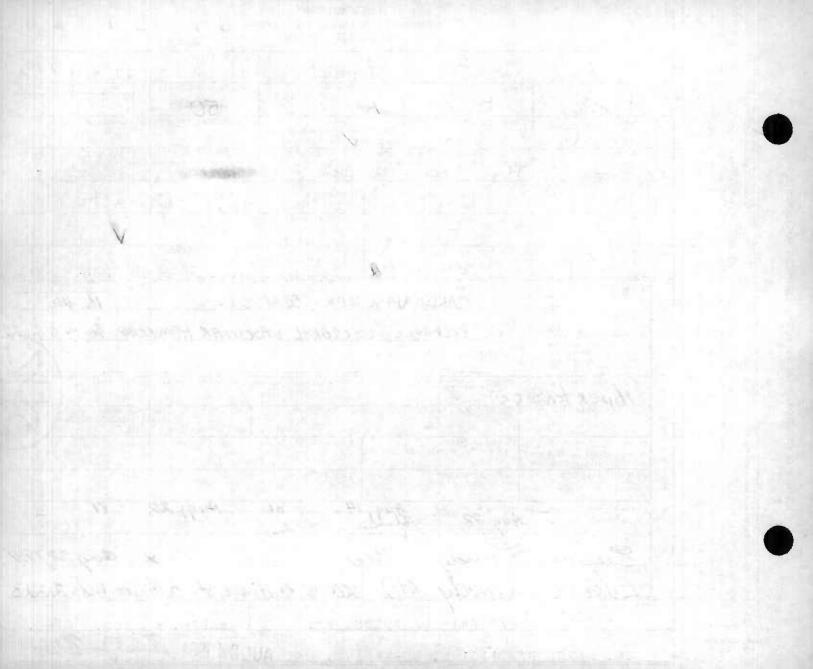
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3 C 4		CEASED NAME OR PRINT)	PIRST Dora		MIDDLE		ailey	2ª DATE OF DEATH MG		YEAR 81	26. HOUR
ge 4 may schor, per	3 SE	r _{em} ale		RACE Blk		S. DATE C		6 AGE (IN YEARS LAST BIRTHD.	YRS.	HS DAYS	IF UNDER 24 HRS. HOURS MIN
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O Company	10. C	Balto	TH I		HOSPITAL, NURSIN HEACHITY, GIVE STREET 2015 Whit		Ave	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W		26. KIND OF NDUSTRY	F BUSINESS OR
AND 212	USU	AL RESIDENCE (# NURSII TATE	NG HOME OR O		GIVE RESIDENCE BEFOR	E ADMISSION)	134 INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 2015 Whit	tier Av	re	
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IMORE,		AS DECEASED EVER I		WED FORCES? WAR OR DATES!	212-32-		Mary Bailey	2015 Whi		lve	624
DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or attending physician. Wher this certificate has been signed by the attending physician and completely fitted in by os the buriol-transit permit. Then please remove cathoricapents, roger 1 and 2 should be fitted in and Mental Hygiene prior to buriol commonent. In and Mental Hygiene prior to buriol commonent the medical ecommentation be factored or them 18 shows any injury, or other transmittee event, the medical ecommentation be	NOI	Conditions if any, gave rise to immorphise 107, storing underlying course PART 2 OTHER SIGN	ediate i the	DUE TO DO	Alev	DEATH BUT	ATE ATE TO THE TERM	MINAL DISEASE OR CONDIT	ION GIVEN I	4-y	nst
VITAL RECON N: The low re ysician. cote has been onsit permit yigner permit yigner permit Nigner permit 8 shows any i	CERTIFICATION	19a DATE OF OPERAT		196. COND		OPERATIO	N WAS PERFORMED		Ob. IF YES, WEN CERTIFYING	G CAUSES	
DINISION OF VITAL DING PHYSICIAN. The or oftending physicion After this certificate has as the buriol-tronsit oith and Mental Hygies marked or item 18 shor	MEDICAL C	OR CONTRIBUTING C (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	AUSE OF DEAT LEXAMINER)	HOUR A.	M, MONTH D.	19	211 LOCATION STREET	CITY OR TOWN		COUNTY	STATE
OR ATTEND thospital of IRECTOR. A ched for use lept. of Heal Hem 21 is m		22a. certify that sow the decease above	dayred.	() view the body	deceased to make the second	1 8	that in (my) (and opinion DEGREE ATTENDING	death occurred on the date	ond hour one		
TO HOSPITAL Cretoined by the TO FUNERAL B should be detected with the State D IMPORTANT: If		U. R.A	Y	Phi	h l'		PHYSICIAN [220 ADDRESS 2225 [V : PHYSICIA	The G	ne	21216
504 BP	23a. E	urial, Cremation, 6	MOVAL	236 DATE 8-7-8			EMETERY OR CREMATORY tus Cem	- 02 00	minum - COU		Mo
DHMH - 16 50M 7/77 (VR A I 5 (4))	24 F	INERAL DIRECTOR	iley	1348 1	. Callibu	n St		TE REC'D. BY REGISTRAR 25	Name	SIGNAT	Martha .

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2g. DATE OF DEATH MONTH (TYPE OR PRINTE UGUST 4. RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MARCH 16 1911 NEGRO BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED BALTIMORE CITY YORK NEW WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KIND OF BUSINESS OR "LUTHERAN "HOSPITAL ACHINE OPER . INDUSTRY BALTIMORE USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION. APT 408 13b. COUNTY 13d. INSIDE CITY LIMITS? 78 ARLINGTON AVE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME STEVEN MIDDLE MIDDLE LULA SCÂLES HOUSTON medical ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-18-9698 LEON R. BAILEY/701 N. Arlington 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Multiple Conditions, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION Myeloma 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 à 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN orked NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive on_ , and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated obove, (I) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL MO DIRECTOR PHYSICIAN PHYSICIAN 22s. ADDRESS ld b MPORT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) GAR HOWARD MD WEW 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE JONES, JR/410 DORE EDMONDSON DHMH-16 30M 2/80 (VRA 15, 4)



8	1	FOR STATE REGISTRAR	DEPA	ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HYO CATE OF DEATH	GIENE 8 REG. NO.	20328
y be		CEASED NAME FIRST	J MIDDLE	Bi	AILEY	20. DATE OF DEATH MONT	aa 81 3 PM
oge 4 mo	1.5	Female	1. RACE Black	5. DATE OF	BIRTH YEAR 14 31		MONTHS DAYS HOURS MIN.
er deoth. P		IRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNT USA 11. NAME OF HOSPITAL, NUI	MARRIED WIDOWED	DIVORCED [9 BALTIMORE CITY OR CO	MD.
aurs ofter in by the be notified	USU	DA HUMOTE TAL RESIDENCE (IF NURSING HOME OR	Bon Secon	TREET ADDRESS)	ipital	(TYPE OF WORK FOR MOST OF WORK	RING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY CONCESSION
within 24 h elety filled 3 2 should k	130	ATHER'S NAME	NTY 13c. CITY OR J	to I	3d. INSIDE CITY LIMITS? YES X NO 5. MOTHER'S MAIDEN NA	130 STREET ADDRESS dmi	mson Ave
E, MA		Telly WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	ECURITY NO.	5 Ale	ADDRESS	Vaughn
ificate be executively by sician and copopers. Pages mayol.	-	(YES, NO OR UNKNOWN) (IF YES, GIV NO 18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	217-24 ally one couse per line for (o), (b)	1-1880	SADIE BROWN NARCARET	WN BAILEY 2424	EDMONDSON AVE.
W. PRESTON ST and the death certi- yy the ottending p so remove corbon cremation, ar ren		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	QUENCE OF		SCYLAR HEMON	
DIVISION OF VITAL RECORDS, 201 CONTROLLAN. The low requires the other diagn physicion. When this certificate has been signed to since buried-transit permit. Hen plea the and Mental Hygiene prior to burial, orked or Item 18 shows any injury, or corked or Item 18 shows any injury, or conted or Item 18 shows any injury, or contend or Item 18 shows any injury.	CERTIFICATION	PART 2. OTHER SIGNIFICANT OF HUPER TENS	19b. CONDITION FOR WH			20a. AUTOPSY? 20b.	IF YES, WERE FINDINGS USED SETTIFYING CAUSES OF DEATH? YES \(\text{NO } \text{NO }
ISION OF VITAL PHYSICIAN: The rending physicio this certification in the burief-fromsit and Mentel Hygie and Mentel Hygie and certifier 18 should be a	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER LINJURY OCCURRED WHILE NOTIFY OF THE CONTRIBUTION OF	HOUR A.M. MONTH	DAY YEAR	216. HOW INJURY OCCURI 216. LOCATION STREET	RED (ENTER NATURE OF INJURY IN ITE	M IS PART I OR PART 2) COUNTY STATE
TTENDI pitol ar TOR: A far use of Heol		22a. I certify that (1) (this hospii sow the deceased alive on above, (1) (we) (did) (did no	Aug 22	9 8/ , and		, to Aug 22	d hour and from the couses stated
by the ERAL DII e defoch Stote De		226. PHYSICIAN'S NAME (TYPE O	Lundy RPRINT!	M	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	220. DATE SIGNED Oug 22 1981
PBP TO FUN should be with the With the IMPORTY	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 2 8/28/81	ARBUTUS	2000 W. Bak	23d LOCATION CITYORTOWN BALTO	COUNTY STATE
DHMH- 16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR NAME W.C. MARCH 1	F/H 1101 E.	\$5	AVE. A		CO MD.



3	1	FOR STATE REGISTRAR		STATE OF MARYLANI TMENT OF HEALTH AND MEI CERTIFICATE OF DEA	NTAL HYGIENE 8	20	3 2 9
5		CEASED NAME FIRST Jen:	nie Bailey	LAST	20. DATE OF DEATH	8/05/81	26. HOUR 3:28p
M)	F	x emale	4. RACE Black	5. DATE OF BIRTH MONTH 10/02/95	VEAR 85	IRTHDAY) IF UNDER 1 YEAR MONTHS DAY	
35	B	RTHPLACE CHATECH PORICE	76. CITIZEN OF WHAT COUNTR		RRIED U	OR COUNTY OF DEATH	
O Potified		altimore	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE Midtown Home		TION 12a USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTR	OF BUSINESS
and be		AL RESIDENCE (IF NURSING HOME) STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION) WN 13d. INSIDE CITY			st
and 2 sh	14. F	ATHER'S NAME FIRST	MIDDLE Johnso	15 MOTHER'S M	AIDEN NAME MIDDLE	LUBIK.	UST
Poges lo				CURITY NO. 17 INFORMANT	ADDI	RESS CITY	PI
ermit. Then please remove prior to buriol, cremotics any injury, or other trou	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stafting the underlying couse last. PART 2 OTHER SIGNIFICANT 190. DATE OF OPERATION	(b) DUE TO, OR AS A CONSECT (c) CONDITIONS CONTRIBUTING TO			NDITION GIVEN IN PART 206. IF YES, WERE FINI IN CERTIFYING CAUS	DINGS USED
ol Hygien n 18 show		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR 21c HOW INJUR	YES NO RY OCCURRED (ENTER NATURE OF IN:	YES URY IN ITEM 18 PART 1 OR PART 2	NO [
s the burion o and Mental rked or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	19 211 LOCATION E, FARM ETC.) STREET	CITY OR 1	OWN COUNTY	STATI
detached for use as ate Dept. of Health o JT: If Hem 21 is mark		saw the deceased alive of	pital) attended the deceased from an not) view the body after death.	DEGREE ATTE	no n	date and haur and fram t	-, that (I) (we) he causes state TE SIGNED 7 -6 -8
should be dei		22d PHYSICIAN'S NAME (TYPE	N REJOER	M.D. 1406	Crain Higher	roigo. Sul	2102
☆ 3 ≧		BURIAL CREMATION, REMOVA	23b DATE 23	nt Huburn	MATORY 23d LOSSION	Key Burn	of Md
M 2/80 .4)	24	UNERAL DIRECTOR	Russ 2005	N +1 Am	AUG 1 0 190 TRA	R 25K REGISTR	Mas Cham

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r d	i gatte oa				E. S. W. & Dies
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	Jun 18			10-11/6	budgett
List.	the co		(PodV	L peralist	13-11-1
A X	Jan Dever	State State	13 SALLER	10 -07-	No
				8 14-51 100	

MIN CONTRACTOR CALIFORNIA DE CORRES CONTRACTOR CONTINUE Marine Company and Landrage La

/	- STATE REGISTRAR		DLI XI		ICATE OF D		REG. NO	6-∞ ⊃.			
	1. DECEASED NAME	FIRST	WIDDEE	i	AST	70	20 DATE OF DEATH	MONTH	QAY Y	EAR	2b. HOUR
		LILLIAN	G.	BA	KER			08	18	81	6:00 PM
	3. SEX	4 RACI		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIR		IF UNDER	1 YEAR	IF UNDER 24 HRS
	FEMALE	V	HITE	09		10	70		MONTHS	DAYS	HOURS MIN.
1	To BIRTHPLACE (STATE O	OR FOREIGN 7b. CITI	ZEN OF WHAT COUNTR	RY? 8	D NEVER M	APPIED [9 BALTIMORE CITY O	R COUNT	OF DEA	TH	
>	MARYLAND	J	J.S.A.	WIDOWE	_	ORCED	BALTIMORE	CITY			MD.
5	BALT IMORE	(IF)	ME OF HOSPITAL, NUR NOT IN SUCH FACILITY, GIVE STR GOOD SAMA!	RITAN H			12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O TEACHER	ON	12b K FE) INDU	ISTRY	F BUSINESS OR -
5	MARYLAND	Carroll	STITUTION GIVE RESIDENCE BEI	NWC	13d. INSIDE CIT	TY LIMITS?	13e. STREET ADDRESS 2210 EBBV		-		SCHOOLS
	14 FATHER'S NAME FIRST JOSEPH	MIDDLE	GELAZI	ELA	15 MOTHER'S				, or i	LAST	
2	160 WAS DECEASED EVE (YES NO OR UNKNOWN) NO	(IF YES, GIVE WAR OR	CIATES)	4-5774	17 INFORMAN		BAKER 1270	CKO			E, MD. D
		WAS CAUSED BY:	ause per line far (a), (b),		PIRATO	RY FI	ALURE		BET		MATE INTERVAL DINSET AND DEATH
	Canditians, if an gave rise to it couse (a), stat underlying cou	my, which mmediate ting the	E TO, OR AS A CONSEC (b) GENERA E TO, OR AS A CONSEC (c)	LIZED	2AT M	FATIC	BREAST CA	RCINO	WA.		
				O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PA	RT 110	
_	è Multi	100	1 a 1 A Sha a at a fee								
2	MULTI 190 DATE OF OPER N/A 210. ACCIDENT WAS U	ATION 196	CONDITION FOR WHI	CH OPERATIO	N WAS PERFOR	MED	20a AUTOPSY? YES □ NO▼	IN CERTI			GS USED OF DEATH? NO []
	00.00.00.00.00.00	CAUSE OF DEATH H	TIME OF INJURY OUR A.M. MONTH P.M.	DAY YEAR	N,	lA	RED (ENTER NATURE OF INJUR	RY IN ITEM 18	PART I OR PA	(RT 2)	
	CIF EITHER, NOTIFY ME 21d. INJURY OCCU	TALL	PLACE OF INJURY HOME STREET FACTORY, OFFIC	CE, FARM, ETC.)	21f LOCATIO	N.	CITY OR TO	WN	COUN	1TY	STATE

should be detoched for use as the burial-tronsit permit. Then p with the State Dept. of Health and Mental Hygiene prior to bur O FUNERAL DIRECTOR: MPORTANT: If Item 21 is HOSPITAL BP. DHMH - 16 50M 1/81 (VRA 15, 4)

After this certificate has been

marked ar Item 18 shaws any

MIRANDA 230. BURIAL, CREMA
(SPECIFY)
BURIAL 23b. DATE CREMATION, REMOVAL

220.1 certify that (I) (this hospital) attended the deceased fram saw the deceased alive an

sow the deceased alive an above, (I) (we) (did) (did not) view the body after death

23c. NAME OF CEMETERY OR CREMATORY

MOST HOLY REDEEMER

22e ADDRESS

DEGREE

23d. LOCATION
CITY OF TOWN
BALT IMORE

and that in (my) (aur) oʻpinian death accurred an the date and haur and fram the causes stated

DIRECTOR PHYSICIAN

24 FUNERAL DIRECTOR

21229 HUBBARD FUNERAL HOME, 4107 WILKENS AVE. INC.

08-21-81

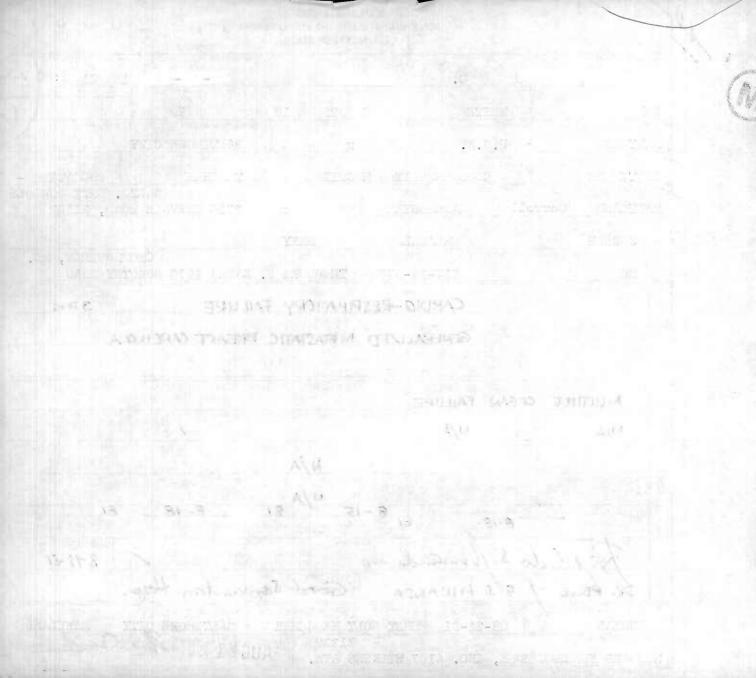
ATTENDING

WHILE

NOT WHILE

FOR

22c. DATE SIGNED



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE KNOWN X L DECEASED NAME MONTH DAY YEAR 2h HOUR (TYPE OR PRINT) OF ESTI-1981 STEVEN BAKER DEATH MATED 8 15 6. AGE (IN YEARS IF UNDER 1 YR. 3. SEX 4. RACE DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) 6:55 PRONOUNCED 15 DEAD 8 1,81 male 31 1963 negro 8 YRS D M Th CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) U.S. Ma BAITO WIDOWED DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Baltimore Sinai Hospital UNemployed 136 COUNTY 130. STATE CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 3023 YES X Wxlie NO [ALTO 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME MIODLE MIDDLE Pegg NATHANIEL 17. INFORMANT Ing. WAS DECEASED EVER IN U.S. ARMED FORCES EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18, GIVE PA PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE CUSED AS A BURIAL TRANSIT PERMIT PAGES. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 3023 Wylie 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (a) Gunshot wound to chest (rifle) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lvina cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ONLY 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR ALM MONTH DAY YEAR UNDERLYING X OR WRITING THE MEDICAL CONTRIBUTING CAUSE OF DEATH 6: 20P.M. 8-15-Self-inflicted 21f. LOCATION 21e PLACE OF INJURY 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 3023 Wiley Ave. Balto Md. home 229. I certify that I took charge of the remains described above, held an Inquiry and in my apinian death resulted from Accident Homicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL DATE 8-16-81 Assistant MEDICAL EXAMINER SIGNATURE 111 Penn St. Dixon, M.D. EXAMINER'S NAME Ann M. (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR 23d, LOCATION / STATE ANDA d. BURIAL 1000N 256. REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR 250, DATE REC'D, BY REGISTRAR **DHMH - 17** AS. A. MORTON 701 LAURENS (VR A15 ME (5) 15M 2/80

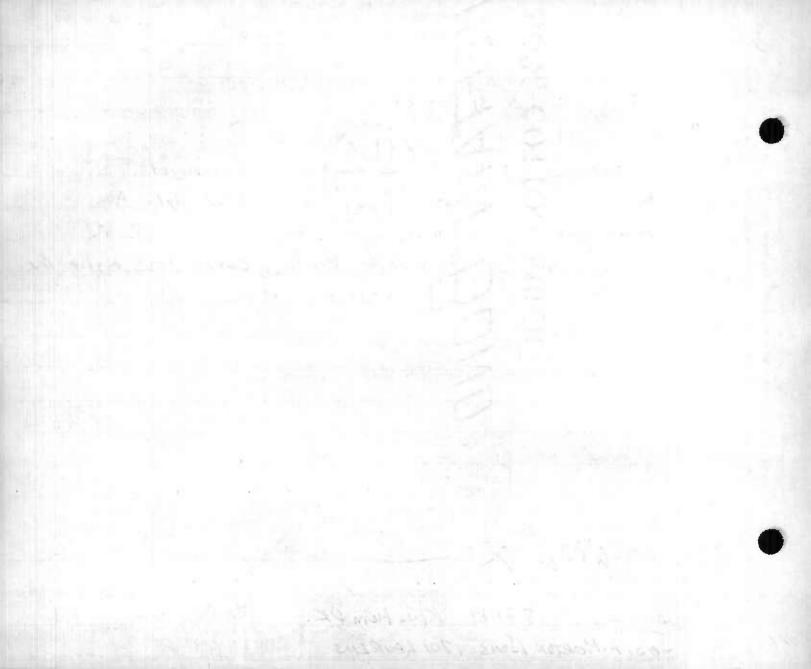
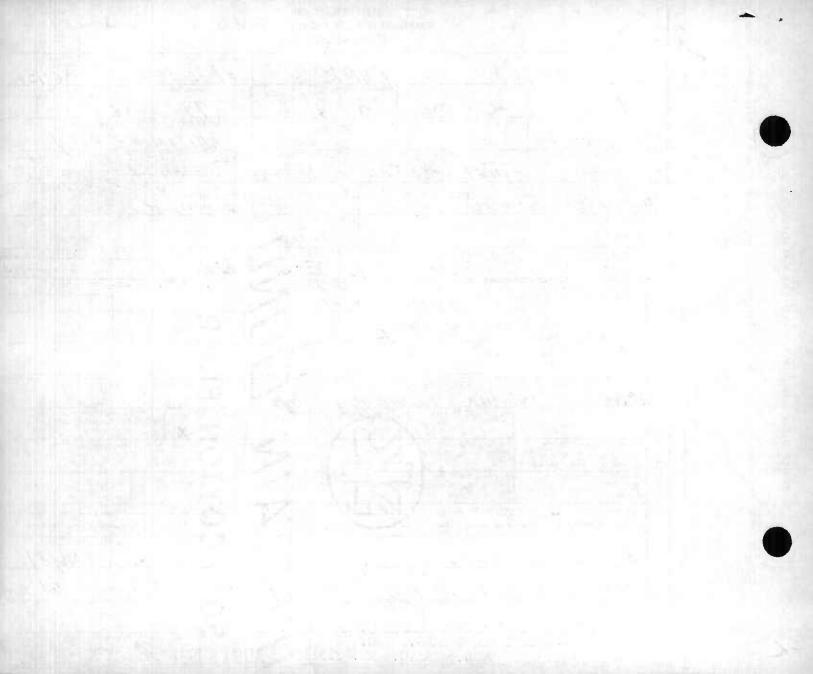


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			BALTIMORE!	BALT WARE
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40)				
			W.L. AM 181	
		UA COMPANY		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) 8-17-81 M. BALIMAN DEATH MATED GRACE 1. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 71 () @ 14P DATE 1-4 LAST BIRTHDAY) PRONOUNCED 8-17-81 26 female white 4 DEAD aM BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City U.S.A. Maryland WIDOWED X DIVORCED 2, AND 3 TO THE P. 3. RETAIN PAGE 5 SHOULD BE FILED. IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12e. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY SUCH FACILITY GIVE STREET ADDRESS) 3618 Baltimore Housewife Homemaker 5th Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore Md. 3618 5th Street NO [T. PAGES 1 AND 2 SI DIVISION OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GIVE PAGES 1, MIDDLE MIDDLE LAST FIRST Dominic Brescia Mary Scardina WITH FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT Pasadena, Md21122 William J. Ballman 8336 Dock Road No 217-07-9028 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). JID BE USED AS A BURIAL - TRANSIT PERMIT. MENT OF HEALTH AND MENTAL HYGIENE, D TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive arteriosclerotic cardiovascular IMMEDIATE CAUSE to Canditions, if ony, which disease gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION CUED TO THE CHIEF AS SHOULD BE USED, E DEPARTMENT OF HE 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOXX 21g. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CATE, WRITING THE FORWARDED TO CONTRIBUTING CAUSE OF DEATH 10 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION (AT HOME TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFIER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY Inspection X 22a. I certify that I took charge of the remains described above, held on Autopsy death resulted fram Undetermined monner TITLE (SPECIFY) ACTUAL DATE 8-17-81 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. (TYPE OR PRINT) 111 Penn Street 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial Holy Cross Cemetery Brooklyn Park 24. FUNERAL DIRECTOR Ritchie Hwy **DHMH-17** Md. 21225 Gonce VR A15 ME (5) 15M 2/80

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91	FOR - STATE REGISTRAR		STATE OF MARYLAND IT OF HEALTH AND MENTAL HYG ERTIFICATE OF DEATH	IENE 8 REG. NO.	203	3 3
171/0	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR	2b. HOUR
3.58	ME	YER	BANK	8/16/8	8/	6:12 PM
3 SE	MALE	AUCASIAN	DATE OF BIRTH 190	AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS	HOURS MIN
100	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
	SALTI MORE MO	Urs.	/IDOWED DIVORCED	7-	JORE CIT	MD.
12	BALTIMORE	11. NAME OF HOSPITAL, NURSING I (IF NOT IN SUCH FACILITY, GIVE STREET ADD		120 WALCHOOP RESON	DENT 126 KIND OF INDUSTRY SHARO	ASSIN
130	AL RESIDENCE (IF NURSING HOLE OR STATE 131 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD	MISSION 134 INSIDE CITY LIMITS?	13e. \$121208RESS #	16 STONE HE	MGE CH
5314	ARYLAND BAL ATHER'S NAME	TIMORE RALTIMOR			N VILLAGE	APTS
30		MIDDLE LAST BANK	15 MOTHER'S MAIDEN NAM	WIDDIE	SAC	45
	WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIVE	7.7		IE S BANK	XXXXXXX PXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	4360 IMMEDIAT	ly one couse per line for (a), (b), and (c) BY: E CAUSE (a), ANOXIC DUE TO, OR AS A CONSEQUENCY	ENCEPHANOPHI	<i>y</i>		
y, or	Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse last	E CAUSE (o) 74 NO 1 / C	THE OF STEP AND THE TERM TO MAY A. Legs	20a AUTOPSY? 2	TION GIVEN IN PART 1(0 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (1 YES]	GS USED
CERTIFICATION	Conditions, if ony, which gove rise to immediate couse io, storing the underlying couse lost PART 2 OTHER SIGNIFICANT CALLED FOPERATION 19a. DATE OF OPERATION 2)a. ACCIDENT WAS UNDERLYING CAUSE OF DEA	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEA FULL HON 196. CONDITION FOR WHICH OP	THE BUT NOT RELATED TO THE TERM THE BUT NOT RELATED TO THE TER	200 AUTOPSY? 2	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES []	GS USED OF DEATH?
or Item 1	Conditions, if ony, which gove rise to immediate couse oil, stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CALLED ATE OF OPERATION 2)0. ACCIDENT WAS UNDERLYING 2)0. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEA FULL HON 196. CONDITION FOR WHICH OP	PEOF SEOF	200 AUTOPSY? 2	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES []	GS USED OF DEATH?
ept or receipt and wenton hygiene prior to burgatem 21 is marked ar Item 18 shows ony injury, or the 20 Medical CERTIFICATION	Conditions, if ony, which gove rise to immediate couse iost of the underlying couse lost PART 2 OTHER SIGNIFICANT CONTROL OF CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 210. INJURY OCCURRED WHILE AT WORK NOTIFY MEDICAL EXAMINER)	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEA WHAT 19b. CONDITION FOR WHICH OP 21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21c PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM 101) attended the deceosed from 1 view the body ofter death.	PEOF SEOF	Z80. AUTOPSY? YES NO PROPERTY IN THE PROPERTY	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES NITEM 18, PART 1 OR PART 2) COUNTY , 19	GS USED DF DEATH? NO
them 21 is marked at Item 18 shows ony injury, or MEDICAL CERTIFICATION	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost PART 2 OTHER SIGNIFICANT OF THE	DUE TO, OR AS A CONSEQUENCE (b) CHA DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEA (c) CONTRIBUTIONS CONTRIBUTING TO D	YEAR 216. HOW INJURY OCCURR 19 216. LOCATION STREET DEGREE DEGREE	Z80. AUTOPSY? YES NO PROPERTY IN THE PROPERTY	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES NITEM 18, PART 1 OR PART 2) COUNTY and hour and from the county	GS USED DF DEATH? NO
MPORTANT: If them 21 is marked at them 18 shows ony injury, or the state of the sta	Conditions, if ony, which gove rise to immediate couse iol, stating the underlying couse lost PART 2 OTHER SIGNIFICANT OF THE	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) CONDITIONS CONTRIBUTING TO DEA THE CONDITION FOR WHICH OP 19b. CONDITION FOR WHICH OP 11b. CONDITION FOR WHICH OP 11c. 11c. 11b. CONDITION FOR WHICH OP 11b. CONDITION FOR WH	EEOF ITH BUT NOT RELATED TO THE TERM IN A GO ERATION WAS PERFORMED YEAR 19 21t. HOW INJURY OCCURR 19 21t. LOCATION STREET Ond that in (aur) apinion of DEGREE ATTENDING PHYSICIAN	280 AUTOPSY? YES NO DED (ENTER NATURE OF INJURY II CITY OR TOWN The state of the	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES (YES NITEM 18, PART 1 OR PART 2) COUNTY and hour and from the county	GS USED DF DEATH? NO



FOR 1- STATE			EPARTMENT O	HEALTH		ITAL HYGIEN	od T	2 0	3 3	6
REGIST 1. DECEASED (TYPE OR PRIN	NAME FIRST	istopher	MIDDLE MIDDLE		inks	ATE OF DEA	20. DATE KNOWN OF ESTI- DEATH MATED			
3. SEX	4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTS	YEARS IF UN	DER 1 YR. IF	UNDER 24 HRS.	2c. DATE PRONOUNCED DEAD	MONTH 8	17 19 81 17 19 81	R 2d HOUR
	CE (STATE OR	7b. CITIZEN OF WH	07 74 AT COUNTRY?	Te	ED NEVER	R MARRIED	9. BALTIMORE CIT Baltim	Y OR COU	NTY OF DEATH	. p.23 _k
2	OWN OF DEATH	II NAME OF HOSP	TITAL, NURSING HO/ LITY, GIVE STREET ADDRESS Memorial	ME OR OTH	ER INSTITUTIO	ON 12a US	UAL OCCUPATION MOST OF WORKING LIFE)		_	
13o. STATE	DENCE (IF IN NURSING HOME 13b COUP	OR OTHER INSTITUTION, GIVE		SION)	13d. INSIDE CITY I	LIMITS? 13e. STE	REET ADDRESS 11 W. 20	th S	t.	
	Γim		Banks		Ja	ne	WIDDLE		LAST	
(YES, NO, O	CEASED EVER IN U.S. AR RUNKNOWN) (#FYES, GIVI	RMED FORCES? E WAR OR DATES)	215-07-		Hilda		nks 11 W		th St.	
g co	onditions," if ony, which ove rise to immediate buse (a) stating the <u>under ing couse last</u> .	DUE TO, OR A	AS A CONSEQUENC		E DR CONDITION GI	IVEN IN PART 1 (g).		9		
190. D.	ATE OF OPERATION	196. CONDITI	on for which op	ERATION W	AS PERFORME	ED?			20 AUTOPS	
	TERNAL CAUSE WAS RLYING OR RIBUTING CAUSE OF		INJURY MONTH DAY YE 19	AR 21t. HC	OW INJURY O	CCURRED (ENTER	NATURE OF INJURY IN ITEA	A IB PART I OR	PART 2)	
ш	JURY OCCURRED NOT WHILE [ORK AT WORK	21e PLACE O STREET, FACTO	FINJURY (ATHOME, DRY, FARM, ETC.)		CATION		CITY OR TOWN	(COUNTY	STATE
deot		ge of the remoins desc urol couses X		Autop Suicide M	Homicide ASSIS	CIFY) tant	Inquiry , termined monner DICAL EXAMINER	ond in my , DAT SIG	E 8/18,	/81
(TYPE	OK PRINT)	rmez R.Gua			ADDRESS		reet,Balt	o.,MD	21201	
/SDECKEY)	REMATION, REMOVAL Burial	8/22/81	23c. NAME OF C		em. Pk		OCATION ORTOWN 1 timore	C	S SIGNATURE	STATE MD
Wm.	C. March	F/H TTO	1 E. Nor	th A		AUG 1	1981	mu G	Lan Mart	Pain .

3 %	FOR 1 - STATE REGISTRAR			DICALI	MENT OF	HEALTH	MARYLAND H AND MEN CERTIFICA		ATH '	REG.		3	3	7	
Main St	1. DECEASED NA (TYPE OR PRINT)		illiam	WIDDLE			Banning		Or Or	KNOWN ESTI- MATED	MONTH		YEAR 81	26 HOUR	
RY, REASE DIRECTOR. DUR FILES. 72 HOURS	male	black	5. DATE OF BIRTH	YEAR	6. AGE (IN YE.	AY) MONT		UNDER 24 HRS	PRONOU DEA	NCED	MONTH 8	DAY	YÉAR	2d HOUR	
ECESSA INFRAL FOR YOUTHIN	70. BIRTHPLACE FOREIGN COUNTR Baltimo	Y3	76. CITIZEN OF WE		TRY?	8. MARR	TIED NEVER	MARRIED A	y <u>or</u> coun imore	NTY OF DEATH PM					
PAGE 5	IO. CITY OR TOW Balt	imore	II. NAME OF HOS (IF NOT IN SUCH FA Sinai	PITAL, NUF CHUTY, GIVE ST HOSP1	RSING HOME REET ADDRESS)	, OR OTH	HER INSTITUTIO	N 120. US	TYPE OF WORK	N 126 KIND OF BUSINESS OR INDUSTRY					
F ANY DE RETAIN SHOULD	Mas Mare		RSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 136 CITY OR TOWN Baltimore 136 INSIDE (ITY LIMITS? YES X NO								ert A	t Ave.			
C4 C4 C4 C4	14. FATHER'S NA/	4. FATHER'S NAME FIRST William Banning , Sr. LAST W								ainin		LAST	ī		
BALTIMORE, MD. URS AFTER DEATH II B. GIVE PACES 1, 2, WITH FORM PM 3, TI. PACES 1 AND 2'S DIVISION OF VITAL	160 WAS DECEAS	SED EVER IN U.S. AR	RMED FORCES? E WAR OR DATES)	16b SOC	IAL SECURIT	Y NO.	Robert	t Bann	ing,	2304		r Rd			
5, 201 W. PRESTON ST CUTED WITHIN 24 HO I. EXAMINER ALCHG PRIAL-TRANSIT PRIM VID MENTAL HYCIEVE FILON, OR REMOVAL	PART I Candit gave couse lying c	PART 2 TIMES SIGNIFICANT CONDITIONS CONTENENTING TO GEATH SILT NOT STATE OF A CONDITION OF CHART AND A CONSEQUENCE OF CAUSE OF DEATH (Enter only one couse per line far (o), (b), and (c).) Gun show wound of chest Gun: unspecified DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 TIMES SIGNIFICANT CONDITIONS CONTENENTING TO GEATH SILT NOT THE SERVINAL DISEASE OF CONDITION OF THE PROPERTY OF THE SERVINAL DISEASE OF THE SERVINAL										BETWEEN	ONSET A	NTERVAL AND DEATH	
DF VITAL RECORDS WITE SHOULD BE EXE WORD "PENDING HE CHIEF MEDICA D BE USED ASA B IL ENT OF HEALTH A!	190. DATE (PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21d. EXTERNAL CAUSE WAS 21b. TIME OF INJURY ADDYOX HOUR A.M. MONTH, DAY YEAR 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN 11EM 18 PART 1 OR								20 AUT YES		NO []			
	CONTRIBU	NG OR TING CAUSE OF OCCURRED OCCURRED AT WORK	DEATH 11:201	M = 8	1 198.	21f. LO	not shot OCATION STREET B1k P		ghts A	venue	e,Balt	ounty Imore	City	, Mb	
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, WE PACKE & SHOULD BE FORWARD TO FUNEARL DIRECTOR: PARTER DEATH, WITH THE STABLE BEALTMORE MARYLAND, 21.		ulted fram: Not	ge of the remoins des	Accident	, Su	Autop	Nosy X, In Homicide TITLE (SPECALD, ASSIS	tant ME	Inquiry etermined m EDICAL EXA	MINER	ond in my on the side of the s	IED	8/2/ 212		
2788 BP		NATION, REMOVAL		23c. N	IAME OF CE	METERY C	Cemet	723d. 1	location ty or town Balt	imac	re,	Maryl	and		
DHMH-17 (VR A15 ME (5)) 15M 2/80			me 4611	Park	Heigh	ts A		AUG1	3 198	12	Bane C				

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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME MIDDLE 20. DATE OF DEATH 26. HOUR MONTH (TYPE OR PRINT) 81 27 MARY M. BAQUOL 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX YEAR FEMALE WHITE 1900 06 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE ASTATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY MARYLAND U.S.A. DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION B. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BALTIMOR SALESLADY DEPT. STORE JSUAL RESIDENCE (IF NUR 30 STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN 1211 BLACK FRIARS ROAD, 21228 CATONSVILLE BALTIMORE MARYLAND NO X 15. MOTHER'S MAIDEN NAME FATHER'S NAME FIRST MIDDLI MIDOLE ROSE WOLFE DERSCH LOUIS ELLICOTT CITY .MD. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT LYES NO OR UNKNOWN! (IF YES, GIVE WAR OR DATES) WELBOURNE C. BAQUOL 4053 OLD COLUMBIA PIKE 212-28-6432 NO APPROXIMATE INTERVAL

THE PARTY OF THE P	BY:		BETWEEN COUSET AND DEAT
IMMEDIATE	CAUSE (O) CARDIORESPIRATORY ARE	2617	
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF (b) AS DOMINAL NEOPLA		
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF		
PART 2. OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(a
190 DATE OF OPERATION	FRACTURE VEFT HIP	200 AUTOPSY?	20b, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO
210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 21c. HOW INJURY OCCU		

190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER

71e PLACE OF INJURY

211. LOCATION

(ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

STATE

21d INJURY OCCURRED NOT WHILE 22a I certify that (I) (this haspital) attended the deceased from

FOR

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

CITY OR TOWN

226 SIGNATURE

sow the deceased alive on obove (1) we) (did) did not) view the body alter death

DEGREE

ATTENBING

DERTIFICATION APPROVED BY MEDICAL EXAMINER MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d PHYSICIAN'S NAME ITYPE OR PRINT STEVEN

(SPECIFY)

236. DATE

HONE 23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d LOCATION

BALTO

BP BURIAL 4 FUNERAL DIRECTOR DHMH-16 30M 2/80/

MEDICAL

230 BURIAL, CREMATION, REMOVAL

08-29-81

NEW CATHEDRAL

CITY OR TOWN BALTIMORE CITY

HOUATAL

MARYLAND

21229 NAME ADDRESS HUBBARD FUNERAL HOME. INC. 4107 WILKENS AVE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

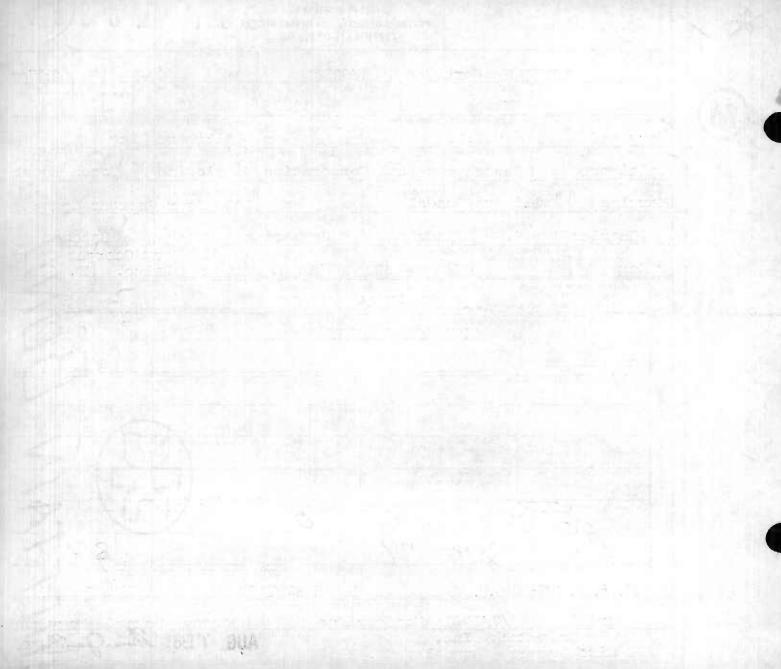
'	REGISTRAR				CERTIF	ICATE OF DE	ATH		REG. NO.		
1 DEC	CEASED NAME	FIRST	- /	AIDDLE	1	AST		20. DATE OF D		DAY YEAR	26 HOUR
		ATHER	INE G	ertrud	le	BARBER			08-	04-81	2:17pg
3. SE)		4.	RACE		5. DATE C		YEAR	6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
	male		White		Ž ^{MONTI}	9 1	.9 ^{YEAR} 2		49 YRS		
(RTHPLACE (STATE OR FO	OREIGN 7h		WHAT COUNT	RY? 8 MARRIE	D NEVER MA	RRIED 🗆		CITY OR COUN		
	ryland		U.S		WIDOWE		RCED X		more C		MD
	TY OR TOWN OF DEA	d	LIF NOT IN SUC	H FACILITY, GIVE ST	REET ADDRESS)	OR OTHER INSTIT			R MOST OF WORKING	TIFE) INDUSTRY	OF BUSITEMER
	AL RESIDENCE (IF NURS					Corpora	tion	Mixol	gist	Coac	h House
13a. S	STATE	13 COUNT	Υ	GIVE RESIDENCE BE	OWN	13d. INSIDE CITY		13e. STREET AD			
_	ryland	Balt	imore	Dunda	ılk		10 🔀	1416 E	our Ge	orges	Court
14. FA	FIRST		DDLE	LAST		15 MOTHER'S A	ST	A	NIDDLE	LA	51
4- 14	Charles VAS DECEASED EVER I		E.	Ludw			herir		ADDOCCC		eman
[1	(ES NO OR UNKNOWN)		WAR OR DATES)			17. INFORMAN		161	8 Four	George	s Cour
	No			216-28	<u>8-8520</u>	Judith	ı L.	Barber	Balt		2122
	18 CAUSE OF DEATH PART I. DEATH W.	(Enter only	ane cause per							BETWEEN	IMATE INTERVAL ONSET AND DEATH
		IMMEDIATE		CEREI	BROVAS	CULAR A	JCCID:	ENT			
	436	0			OUTLIST OF						11 12 11 11 11
	Conditions if any			TOU DI	OOD PRE	CCLIDE					
	Conditions, if ony, gave rise to imm		(b)	TOU DE	JUD PRE	SSUKE					
	cause (a), stating underlying cause		DUE TO, OF	AS A CONSE	OUENCE OF					- 1	
	onderlying coose	1031.	((c)								
NO	PART 2 OTHER SIGN	IFICANT CO	NDITIONS CO	NTRIBUTING '	TO DEATH BUT	NOT RELATED TO	O THE TERMI	INAL DISEASE C	R CONDITION C	IVEN IN PART 1	0 1
CERTIFICATION	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WH	ICH OPERATIO	N WAS PERFORA	AED	20a AUTOPS	Y? 20b. IF Y	ES, WERE FINDI	NGS USED
IIFIC	1913/19							YES 🗆 N		TIFYING CAUSES	OF DEATH?
ERI	21a. ACCIDENT WAS UNDE	RLYING	21b. TIME O	INJURY		121c HOW IN JU	RY OCCURR		OF INJURY IN ITEM 1		NO []
	OR CONTRIBUTING C			A. MONTH	DAY YEAR			(Elaign land)	. Or major management	D TAN I ON TAN I 2	
MEDICAL	(IF EITHER NOTIFY MEDIC.		P.A 21e. PLACE C		19	211 LOCATION					
ME				EET, FACTORY, OFFI	ICE, FARM, ETC.)	STREET		C	ITY OR TOWN	COUNTY	STATE
	AT WORK AT WORK						01	-00	0.4		
	220.1 certify that (1)	this haspite	attended the	deceased fro	m-07-27		19 8	, 10	04-	. 19 81	that (1) (we lost
	saw the deceases abave, (I) (Ne) di	d glive an 1	view the bady	after death	9 -81 - . ar	d that in (my) (a	opinian d	leath occurred o	n the date and h	our and fram the	causes stated
	226. SIGNATURE		0	-		DEGREE		_		22c. DATE	SIGNED
	A O	/Y	cose	m.	Mil.		ENDING	MEDICAL DIRECTOR	STAFF	8/	1181
	22d. PHYSICIAN'S NA	AAF TYPE ORD	DINITA				YSICIAN _			7	10
	224. THI SICIAIT STA	ME (THE ORF	KINI			ILE. ADDRESS	CHURCH	1 HOSPIT	AL CORPO	DRATION	
	DR. A. F.	NAZEN	MI M.D.							MARYLAND	21231
23a B	URIAL, CREMATION, R	REMOVAL	236. DATE	2	3c NAME OF C	EMETERY OR CRE	EMATORY	23d. LOCATIO	N		
	Burial	21 22	8/7/1	981	Meadow	ridge		Dors		vard M	larylano
24 FU	INERAL DIRECTOR D	uda-T	Pugls	Tnc	-Cuaow.	- rage	250 DATE	AECID-RY REG	ISARAR 26 DEC	RAP'S SINA	TIPE V
70	NAME D	aua-r	ruck,	ADDRES	SS	07000	- Alle	AUG (15198 Hb. REC	rance La	Marth

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Duda-Ruck, Inc RODRESS Pundalk, 7922 Wise Avenue MD.

21222



The same	FOR - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH								
	DECEASED NAME FIRST (PE OR PRINT) WILL 14	AM B	BARLAGE	20 DATE OF DEATH MONTH	318-1- 1 AM					
3 5	SEX M	4 RACE S.	DATE OF BIRTH MONTH DAY YEAR YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HOURS MI					
35	BIRTHPLACE ISTATE OR FOREIGN COUNTRY)		MARRIED AND NEVER MARRIED	Balto. Cit	UNTY OF DEATH					
	BALT.	11. NAME OF HOSPITAL, NURSING H	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS					
3 130	Md.	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADM UNTY 13c CITY OR TOWN Balto.	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 5914 Glen						
320	FATHER'S NAME FIRST William	F. Barlag		et C.	Benson					
Poges medicol	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	ARMED FORCES? 166 SOCIAL SECURITY 212-05-24		ADDRESS C. Barlage 5	914 Glen Kirk					
removal.		only one couse per line for (0), (b), and (c) SED BY: IATE CAUSE (a) CAPDIO	PESPITORY	FAILURE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT					
se remove correction, or other troumoti	Conditions, if ony, which gave rise to immediate couse (o), stotling the underlying couse lost	DUE TO, OR AS A CONSEQUENCE	LUNG Z	LIETASTASIS	5					
Then plea to buriol injury, or	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING TO DEAT	TH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	N GIVEN IN PART 1101					
Prior	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPE	ERATION WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS USED					
t pe				YES NO	YES NO					
riol-tronsit permit. The sittle Hygiene prior to the 18 shows ony injurtem 18 shows ony injurtem 18 shows ony injurtem 19 shows on the 19 show	OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.M. MONTH DAY	YEAR 21c. HOW INJURY OCCUR		YES NO					
A Mentol or Item	OR CONTRIBUTING CAUSE OF C	DEATH HOUR A.M. MONTH DAY	YEAR 19 211. LOCATION	YES NO	YES NO					
	OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this has sow the deceased alive of	DEATH P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM. spital) ottended the deceased from	YEAR 19 211. LOCATION STREET	YES NO CENTER NATURE OF INJURY IN ITE	YES NO COUNTY STATE					
oched for use as the buriol-tr Loppi. of Health and Mental If them 21 is marked or them 1	OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this has sow the deceased alive of	DEATH HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM.	YEAR 19 211. LOCATION STREET	YES NO CENTER NATURE OF INJURY IN ITE	VES NO COUNTY STATE COUNTY STATE 19 , that (i) (we) I d hour and from the couses stated					
hed for use as the burial-trept. of Health and Mental Item 21 is marked or Item IMEDICAL	OR CONTRIBUTING CAUSE OF COMERCE AND THE MEDICAL EXAMINE 21d INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this has sow the deceased alive cooper, (1) (we) (did) (did)	DEATH HOUR A.M. MONTH DAY P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM. Spital) ottended the deceased from not) view the body ofter death.	YEAR 19 211. LOCATION STREET And the vin (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	YES NO CENTER NATURE OF INJURY IN ITE CITY OR TOWN TO STAFF DIRECTOR PHYSICIAN [VES NO COUNTY STATE COUNTY STATE 19 , that (i) (we) I d hour and from the couses stated					

CHENTON SELVED SHIPS N. O. M. HELL DUA

	FOR STAT REGI	E STRAR		DEPARTM	ENT OF HEALTH AND CERTIFICATE OF	MENTAL HYGI	ENE BAL REG. I	5, 12	1 20 4 2				
nay be page 3 er death	1. DECEASEI		RENCE	AIDDLE	BARNES		20. DATE OF DEATH MONTH DAY YEAR 75 HOU 8-2-81 8 2 81 2						
ctor. p		IALE	4. RACE NEGRO		JUN. 18	1 980	S. AGE (IN YEARS LAST B	MON YRS. 13	MONTHS DAYS HOURS MIN.				
●	COUNTRY	CE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER	R MARRIED 🛣	BALTI	OR COUNTY OF	CITY MD				
a (M) 12	BAI	TIMORE	THE JU	HEACILITY, GIVE STREET AD	PKINS H	OSPITAL	120 USUAL OCCUPA (TYPE OF WORK FOR MOST UNEMPLO		126 KIND OF BUSINESS OR INDUSTRY				
AND 21	MARYI		E OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE A 13c CITY OR TOWN BALTIMO	E 13d. INSIDE	NO 🗌	3e STREET ADDRESS	1705 L	AMONT AVENUE				
complet		FIRST	MIDDLE	BARNES	, SR. GW	R'S MAIDEN NAM FIRST ENDOLYN	ANN		SANDERS				
BALTIMORE cote be exect ysician and c gpers. Pages wal. It, the medice		CEASED EVER IN U.S. RUNKNOWN) (IF YES	ARMED FORCES? , GIVE WAR OR DATES)	16b SOCIAL SECUR			SANDERS		IRVIEW ROAD				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., INC. PHYSICIAN: The low requires that the death certific catendring physicion. When this certificate has been signed by the attending phy as the burial-transit permit. Then please remove carbon per than and Mental Hygiene prior to burial, cremation, or removanced or Item 18 shows any injury, or ather traumatic even arked or Item 18 shows any injury, are ather traumatic even	Cand gave cause unde	itions, if ony, which rise to immediate (0), stoting the lying couse lost.	DUE TO, OR (b) DUE TO, OR (c) NT CONDITIONS CO	R AS A CONSEQUEN S AS A CONSEQUEN S A P P A A INTRIBUTING TO DE	CE OF (LINTING: AIH BUT NOT RELATE - We be PERATION WAS PERF	La CONTRACTOR TO THE TERMIN	Tachya Tachya	20b. IF YES, W	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IN PART TO ERE FINDINGS USED G CAUSES OF DEATH?				
TISION OF VITE PHYSICIAN: THE dending physicie This certificate the burial-transit and Mental Hygi ed or Item 18 sh	OR COL (IF EII 21d. IN WHILE	CIDENT WAS UNDERLYING THE	DEATH HOUR A.A. INER) P.A. 21e. PLACE C	INJURY)	YEAR 19 216. HOW I	NJURY OCCURRE	D (ENTER NATURE OF IN)	URY IN ITEM 18 PART I					
ATTENDING cospital or of ECTOR: After ad for use as of. af Health or 1 is mark	so ol	ertify that (I) (this haw the deceased alive pove, (I) (we) (did) (did)	on Aug 2	10 8	ond that in (my	, 19 (our) opinion de	to Aug 2	date and hour and	that (1) (we) last d from the causes stated				
TO HOSPITAL OR retained by the F TO FUNERAL DIR should be detacth with the Store Dep		Beton	Ann P: Ann	Bosok.	22e ADDRE	SS	MEDICAL STADIRECTOR PHYSI	CIAN	Aug 2, 1981 SPITAL				
090 BP	230. BURIAL, (SPECIFY)	CREMATION, REMOV	AL 23b DATE	23c. NA	ME OF CEMETERY OR	CREMATORY	23d. LOCATION CITY OF TOWN RANDALLS	ORKETTOD:	ALTO.) MD.				
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL	DIRECTOR		ADDRESS	HTS AVENU	25c. DATE I	G 4 1981	In Thatlet	Just Hither				

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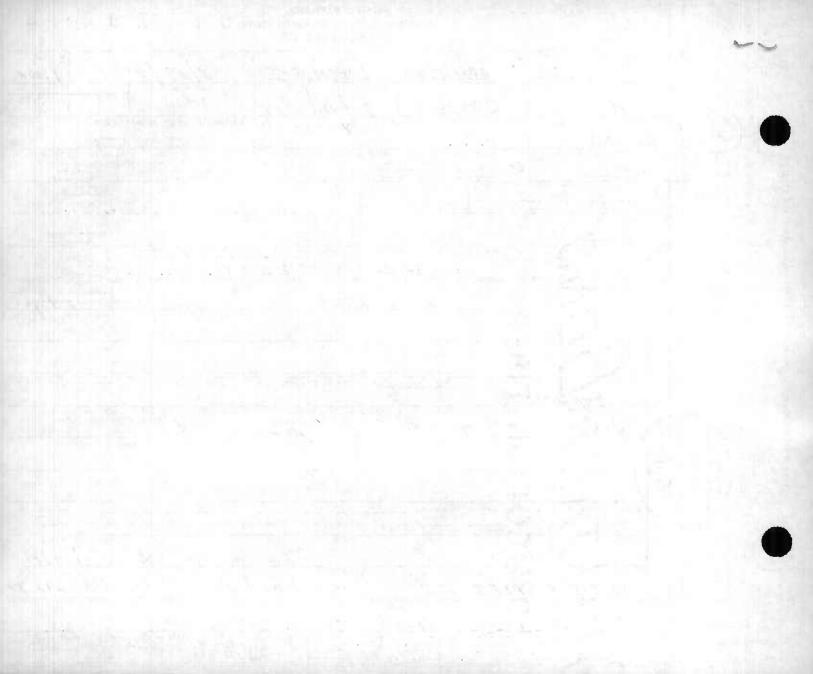
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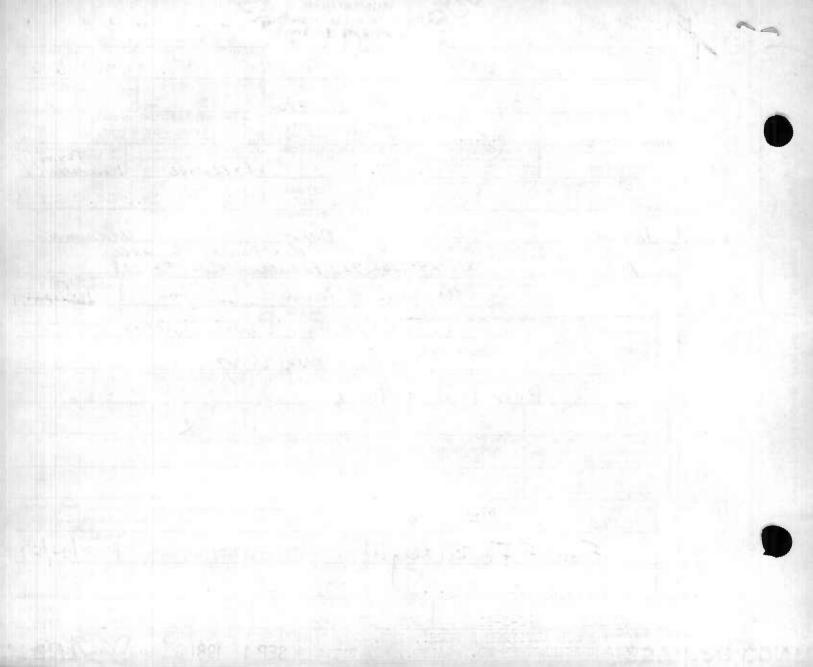
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7	(TYPE	OR PRINT)	Akk J.	FR	ÄNKLYN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	A	BARONDE	55	20 DATE OF DEATH	MONTH DA	Y YEAR	26. HOUR
	3. SE.	X	4. R.		NAMEDANA	5. DATE C		دد	6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
	W	MALE		0	UCASIAN	MONTH.	DAY Y	PAR MAY	77		ONTHS DAYS	HOURS MIN
.0		RTHPLACE (STATE OR FORE	IGN 7b C	ITIZEN OF	WHAT COUNTRY?	8	W. I		9 BALTIMORE CITY		F DEATH	
7		IEW YORK		U.S	. A .	WIDOWE	D NEVĒR MARR		RALT	IMORE C	TTV	MD.
11	10 C	ITY OR TOWN OF DEATH	11.	NAME OF H	OSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTE		120 USUAL OCCUPAT	ION	12h KIND OF	F BUSINESS OR
de.		ALTIMORE		SIN	AI HOSPIT	AL			(TYPE OF WORK FOR MOST OF MERCHANT	OF WORKING LIFE)	RETA	IL
20	13a S	AL RESIDENCE (IF NURSING	COUNTY	R INSTITUTION.	GIVE RESIDENCE BEFORE	E ADMISSION)	13d INSIDE CITY LI	MITS?	13e. STREET ADDRESS		#2120	8
2			BALTIM		BALTIMOR		YES NO	X	4 CANDLEMA	KER CT	. APT	. 101
100	14 FA	ATHER'S NAME	MIDDL		LAST		15 MOTHER'S MAI	DEN NAM	ΛE			
10		MAURICE	MIDDE		BARONDE	ESS	ROSE		MIDDLE		ZIN	DER
2		VAS DECEASED EVER IN			166 SOCIAL SECU	RITY NO.	17 INFORMANT M	IRS.	SELMA BAROT	DESS		
6	()	res, no or unknown) (1	F YES, GIVE WAR	OR DATES)	220-07-2	2424			ER CT., APT		#2120	88
		18 CAUSE OF DEATH (Enter only or	e couse per	line for (a), (b), and	d IC					APPROXIM BETWEEN O	MATE INTERVAL
			WEDIATE CA		CA	of 1	UNG				12	days.
		1629			R AS A CONSEQUE	NCE OF						
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31)		gove rise to immed	liote									
			lost	DUE TO, OF	AS A CONSEQUE	NCE OF						
		PART 2. OTHER SIGNIF	ICANT CON	OITIONS CO	NTRIBUTING TO I	DEATH BUT	NOT RELATED TO T	HE TERMI	NAI DISEASE OR CON	DITION GIVEN	N IN DART 1/2	
	NO O	6	ma	(P)		22211	OT KEEATED TO T	THE PERMIT	IVAL DISEASE ON CON	DITION GIVE	VIIVEART TIO	
A	ATI	190 DATE OF OPERATIO		196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?		WERE FINDIN	
Z	CERTIFICATION	8/12/17		Emps	yema (P)	- e-T	- to remai	usion	YES NO NO	IN CERTIFY!	ING CAUSES (OF DEATH?
	CER	210. ACCIDENT WAS UNDERL	YING	216. TIME O			21c HOW INJURY				T I OR PART 2)	
1		OR CONTRIBUTING CAU		HOUR A./								
	MEDICAL	21d. INJURY OCCURRED		le PLACE (, 19	21f. LOCATION					
	ME	WHILE NOT WHILE AT WORK		(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) (th	is hospital) a	ttended the	deceased from_		, 19		, to	, 19	2	hot (I) (we) lost
		sow the deceased a above, (I) (we) (did)	olive on	w the hady	ofter death	, on	nd that in (my) (our)	opinion d	eoth occurred on the d	ote and hour o	and from the c	ouses stated
		226. SIGNATURE	A A	w the body t	orrei deom.	1	DEGREE				22c. DATE S	SIGNED
	ы	1	Sale				ATTEN		MEDICAL STA	FF IANI M	10	12/21
T	- 4	22d. PHYSICIAN'S NAM	E (TYPE OR PRIN	Τ)			22e. ADDRESS	CIAIT	- I	IAIY	1.0//	1/01
1		FRANCIE	F. SA	LES	M.D		1416 Sh	for	d Road ,	Palt.	Md.	212 39
	23a. B	BURIAL, CREMATION, REA	MOVAL 23	b. DATE	23ε. Ν	NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION CITY OF TOWN	C	OUNTY	STATE
	,	BURIAL/REMO	VAL	8-18-	R1 HII	LLSIDE	E (NEW MT.	ZIO	N) LYNDHU	-	N	L.J.
	24. F(JNERAL DIRECTOR C	OL LE	INSON	& BROS.	, INC		25a. DATE	REC'D. BY REGISTRAR		APS IGNAT	200 then
		6010 REIS	STERST	OWN RI	., BALTO	., MD	21215	IA	JG 2 4 1981	Mario.	01	distribution?

DHMH - 16 50M 1/76 (VR A 15 (4))

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	FOR 8/14/81 restate REGISTRAR		DEPARTMENT OF HEALT	H AND MENTAL H	6.4 5	20345
	PE OR PRINT)	roy G	Baum Baum	gårdner g ardener	20. DATE KNOWN OF ESTI- DEATH MATED	□ 8 9 1981 M
	ale Whit		1911 6. AGE (IN YEARS IF U LAST BIRTHDAY) MON 70 YRS.	24 HRS. 2c. DATE MIN. PRONOUNCED DEAD	MONTH DAY YEAR 7420	
75	PA .		USA WIDON		Baltimor	MD.
18/97	Baltimore	115 N. J	PITAL, NURSING HOME, OR OT CILITY, GIVE STREET ADDRESS) Canney Street	HER INSTITUTION	120. USUAL OCCUPATION (1 FOR MOST OF WORKING LIFE) machinist	IZB KIND OF BUSINESS OR INDUSTRY Wm Steel Co
13a. S M	aryland	COUNTY	13c. CITY OR TOWN Baltimore	YES NO	13e STREET ADDRESS 115 Janney	Street
00	ATHER'S NAME FIRST Alonzo		Baumgardner	15. MOTHER'S MAIDEN FIRST Helen		tast Watson
	WAS DECEASED EVER IN U YES, NO, OR UNKNOWN) (IF Y	.S. ARMED FORCES? ES, GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 177-16-4736	Geraldin	ADDRE e Baumgardner	115 N.Janney St
OF HEATH AND MENTAL HYGIENE, REAL, CREMATION, OR REMOVAL. HEATHON	Conditions, if any, gave rise to imm cause (a) stating the lying cause lost. PART 2 OTHER SIGNIFICANT CON	which ediote under-	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PARI	T 1 (a),	
MENT OF HEALTH O BURIAL, CREA CERTIFICATION	19a DATE OF OPERATIO	N 196. CONDIT	TION FOR WHICH OPERATION V	WAS PERFORMED?		20 AUTOPSY? YES □ NO 🖔
CERT COR	210. EXTERNAL CAUSE WILLIAM OR CONTRIBUTING CAU	HOUR A.M	MONTH DAY YEAR	HOW INJURY OCCURRED) (ENTER NATURE OF INJURY IN ITEM	
4	21d. INJURY OCCURRED WHILE NOT WHI AT WORK AT WORK			OCATION STREET	CITY OR TOWN	COUNTY STATE
Ariek Dealt, Will the SIA	22a. I certify that I too death resulted from ACTUAL SIGNATURE	Natural causes	Adulting Suicide Suicide	PSY . Inspection	Undetermined monner	DATE 8/9/81
1 × × × × × × × × × × × × × × × × × × ×	EXAMINER'S NAME TI	nomas D.Smith	n, M.D.	ADDRESS 111 Pe	enn Street, Ba	itimore, MD.21201
1 8 22 1	(TYPE OR PRINT)BURIAL, CREMATION, REMO	VALI 236 DATE	23c. NAME OF CEMETERY		123d. LOCATION	,

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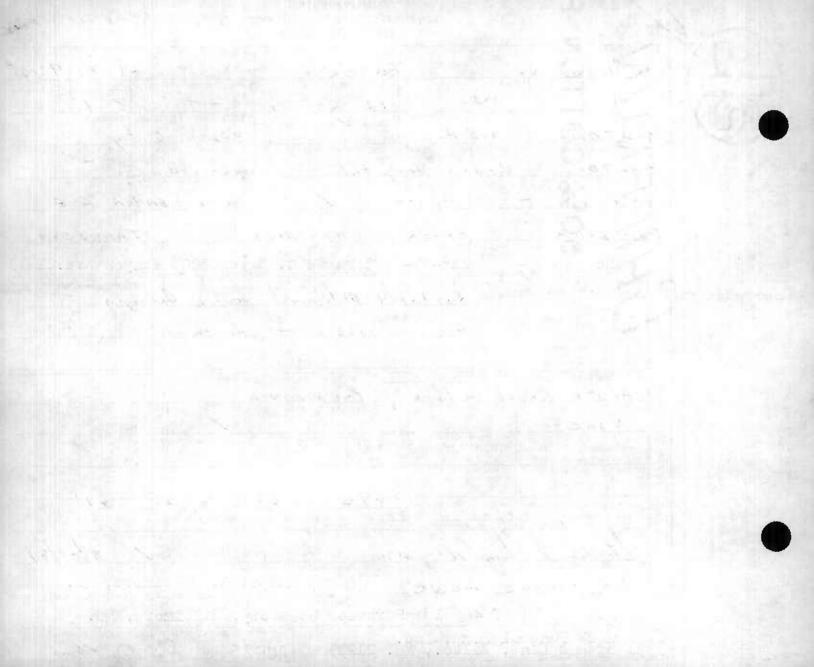
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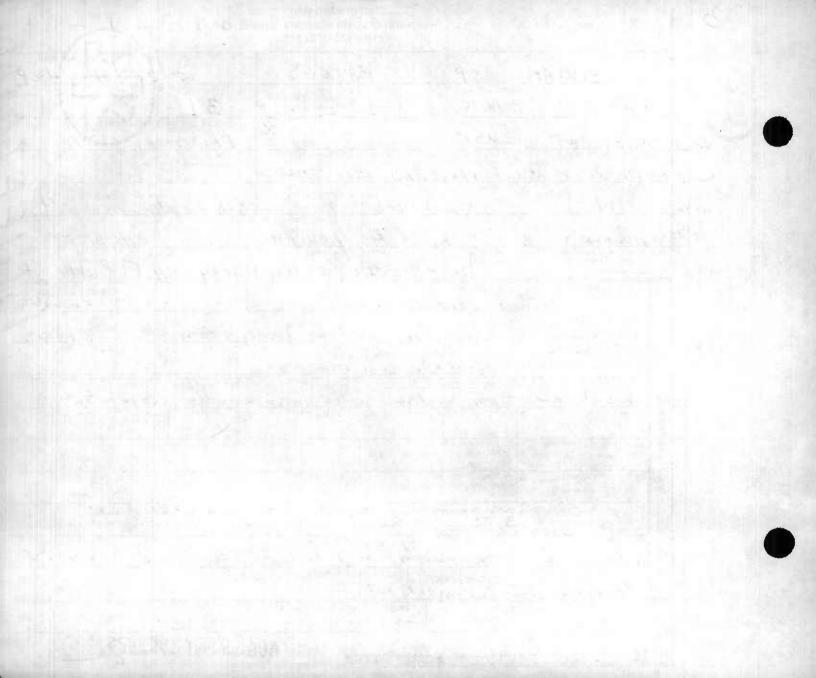
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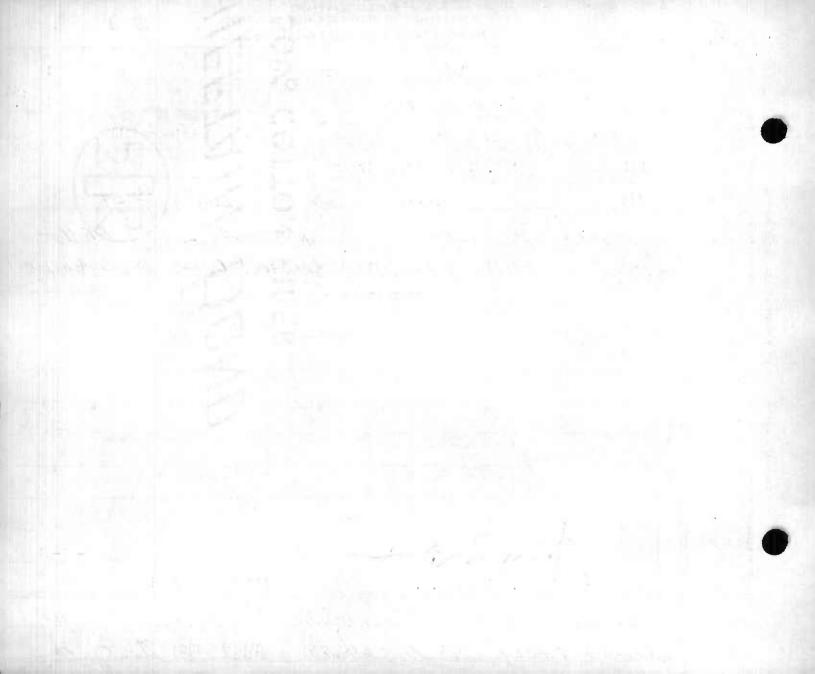
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	1	FOR	959.494	STATE OF MARYLAND		20347
.5	V	- STATE REGISTRAR	DEPAK	MENT OF HEALTH AND MEN CERTIFICATE OF DEA		10.
- 7		ECEASED NAME FIRST	WIDDLE	ŁAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
2 abo		William .	J	Bayer	8	21 81 9:16M
	1.51	X	4 RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST B	IRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
- frain		M	W	12 20	06 79	YRS. 8 /
1 MIN		IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MAR	RIED 9 BALTIMORE CITY	OR COUNTY OF DEATH
1	100	BALTO, ITY OR TOWN OF DEATH	U, S, A,	WIDOWED DIVOR	1000	City MD.
201 rs offer filed:win	1	3 ALTO.	(IF NOT IN SUCH FACILITY, GIVE STREET MPRCY HO	TADDRESS)	120 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTRY
	USU 130.	AL RESIDENCE (IF NURSING HOME C STATE 13b. COU				
LAND 2 in 24 h		Md	- Balt			TENYON AVE.
ARYL within	A IA.F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MA	AIDEN NAME	Tasi
- 0	F	REDERICK	BAYER	7 7 7 7 7 7 7	ARET	ZAMIESON
AORE, execu		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES!		ADDI	
ALTIMOR te be exected on ond ours. Pages M. the medic		No	- 216-07-	-9503 Marie	C. Bayer, 3006	Kenyon Ave.21213
IECORDS, 201 W. PRESTON low requires that the death act so been signed by the attending e-mit. Then please remove carb e-mit. The please remove carb e-mit. Then please remove carb e-mit. The please remove carb e-m	CERTIFICATION	Conditions, if any, which gave rise to immediate cause 101, stating the underlying cause last. PART 2 OTHER SIGNIFICANT Acute 190 DATE OF OPERATION	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c) CONDITIONS CONTRIBUTING TO President Contribution for WHICH	selenosis JENCE OF	onta	20b. IF YES, WERE FINDINGS USED
ALR iche iche iche iche	HE	None			YES NO	IN CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
VIII hysic hysic hysic hygin Hyg		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	21t. HOW INJUR	Y OCCURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PART 2)
SICIA ng pl certif rrial-t ental-t	NA CAL	LIF EITHER NOTIFY MEDICAL EXAMINE		19		
DIVISION OF VIT	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	PARM ETC) 211 LOCATION STREET	CITY OR T	OWN COUNTY STATE
S a see see see see see see see see see s	-		oital) attended the deceased from	8/7	9 7/ to 8/	2) , 19 8 , that (I) (we) last
R ATTEN hospital RECTOR red for uned fo		saw the deceased alive or	ot view the body after death.	, and that in (my) (aur) opinian death occurred an the o	date and haur and from the causes stated
OR O		27h SIGNATURE	111 1	DEGREE		TIL DATE SIGNED
14 14 5 E		Stephen N	(ampbell)	MID PHYS	NDING MEDICAL STA	
OSPII ed b UNER dbe the St		THE PHYSICIAN'S NAME (THE		22e ADDRESS		1.1.1
TO HOSPITA etained by TO FUNERA should be d with the Sto		DR G-COR			Hospital, Bal	timore, Ma.
2633 _{BP}	230.	BURIAL, CREMATION, REMOVAL (SPBURIAL)	8/24/81 23c	NAME OF CEMETERY OR CREATERY OR CREATERY OF CREATERY O	netery, Balti	more, cold.
DHMH - 16 50M 1/81 (VRA 15, 4)	245°		eral Home, Ing			R 25b. REGISTRAR'S SIGNATURE





	11		FOR	a-22 a Fi	.1m G5					MARYLAN H AND M		YGIEN	R 1		2	0	-7	ar j	9
	1		STATE REGISTRAR							CERTIFIC			TH	REG.	NO.	O	6.3	- 4	
	1		DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN NAME PRINT							_	HTM	DAY	YEAR	26 HOUR					
	2×25.	(III)	E OR PRINT)	Maurio	ce	14	1		E	Baze			OF DEATH	ESTI- MATED	-	8 2	20 19	81	M
	PREA SCTON	3. SEX		4. RACE	5. DATE OF	F BIRTH DAY	YEAR	6. AGE (IN Y	EARS IF UI	NDER 1 YR.	IF UNDER	24 HRS.	2c. DATE	ICED	MŌI		DAY	YEAR	24 HOUR 8:58
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		FO. BI	RTHPLACE (ST.	ATE OR	7b. CITIZEN	OF WHAT	COUNT	RY?	8. MARR	IED NE	VER MARR	IED 🗌	9. BALTIA		_			ATH	
	経過し			d		U.S.	A			VED 🗆	DIVORC			timo			,		MD.
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RE, I	T SE			ENE	A.		BA	76		1	MARG	ARE	+ "	MUDLE		1	1.10	lip	5
IMO	SESTINATION /	16e. V	VAS DECEASED	EVER IN U.S. ARA	MED FORCE			AL SECURI		17 INFORA	THAN			ADDRE					/ >
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1	MIT. I		VA CAUSE OF	DEATH (Enter onl	ly ane couse	per line far	r (a), (b),	and (c).)			,		111/2					OXIMATE I	INTERVAL AND DEATH
NO	V 24 HO N ITEM I ALONG IT PERMI YGIENE,		200		TE CAUSE (c	/		eterm											
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	OI. JEW		UNDERLYING CONTRIBUTIN	OR IG CAUSE OF E	DEATH HO	P.M.	HTMON	19	R		OCCORRE	D (ENIEK	VATORE OF IN	JORT IN HEM	18 PART I	JR PAKI	4)		
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	E, WRITI EWARDE PAGE 3 STATE D		AT WORK	AT WORK															
	CATE POR: THE S AND,		22a certif	y that I taak charg	e of the rem	noins describ	oed abov	e, held an	Autop	,sy XX .	Inspectio	n .	Inquiry	□	ond in n	ny opin	ian		
			death resulte	d from: Natur	ral causes	<u>№</u> , Ac	cident	, s	uicide	, Hamic	ide	Undete	ermined m	anner					
	L EXAMINER: E CERTIFICATE DULD BE FORV L DIRECTOR: H, WITH THE S MARYLAND,		ACTUAL	M) :	3				PECIFY)				D	ATE	0 0	21-8	
	SHE SHE		SIGNATURE_	11	CI	N	$\times 0$		7	TD. ASS	istar	MED	CAL EXAM	AINER	5.1	GNED.	0-2	1-0	
	TO MEDICAL EXAMI EXECUTE THE CERTIFI PAGE A SHOULD BE TO FUNERAL DIRECT AFTER DEATH, WITH T BALTIMORE, MARYLA		EXAMINER'S N (TYPE OR PRIN	NAME Anr	n M. C	ixon,	M.C).	6.7	ADDRESS_	1	II P	enn S	tree	t				
172	SA STAR	23e.B	URIAL, CREMAT	ION, REMOVAL 2	36. DATE	1	23c. N	AME OF CE	METERY C	R CREMATO	DRY	23d. LO	CATION		11	COUNTY	1	STA	TE
4101	BP	04.5	Bue	19	8/20	6/8/		CK	owk	150,11	P Kht	4 (Row	MSO	Ve			166	
6.	DHMH - 17	74 FI	NAME	0 -	./	ADDRESS		4.	01	/ -	25e. DATE		REGISTRA		EGISTRA	K S SIG	NATUR	t	
rch_	(VR A15 ME (5)) 15M 2/80		ERNON	K. DA	MEY	139	18	Nic	MIL	MUNUS		AUG	251	381_	Man	-	1.	21-	4



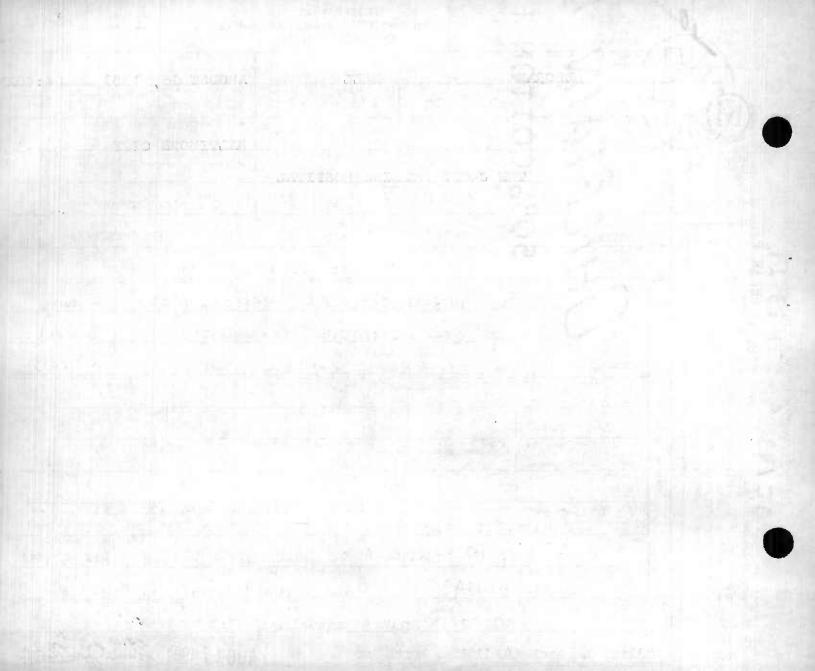
	1	FOR - STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	2 0	3 5 0
M of the pe	I. DE	CEASED NAME FIRST CLARENCE		MIDDLE		LE SR.	20. DATE OF DEATH MOT August 12,	1981 YEA	26 HOUR 10:07p
4 may be offer deat	3 SE	Х	4 RACE		5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA		YEAR IF UNDER 24 HRS
20 14		MALE	WHI		AP	RIL 16,1913		YRS	
國和	70 B	RTHPLACE (STATE OF FOREIGN COUNTRY) Pa.	U.S.	•	WIDOWI		BALTIMORE	CITY	H MD
野家	>	ALT IMORE	JOHN.	HOSPITAL, NURSIN	SRESHC	OR OTHER INSTITUTION SPITAL	17d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Diemaker	ORKING LIFE) INDUS	ND OF BUSINESS OR ITRY
	13a. M	ARYLAND HAR	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c CITY OR TOW EDGEWO	'N	13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 2308 WILL		BEACH ROAI
ond 7st		ATHER'S NAME FIRST HARRY	WIDDLE	BEALE (AST		IS MOTHER'S MAIDEN NA FIRST EMMA	MIDDLE		REGO
Poges I medical	160	NAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES!	166 SOCIAL SECU		17 INFORMANT CLAREN	ADDRESS ICE T. BEAL	E. SR.	
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ong ed	ME	WHILE NOT WHILE AT WORK		REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TOWN	COUNTY	Y STATE
for use os of Health of 31 is mork		22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did	n 8/	1 d 10	8/ 3	19.81 and that in (my) (our) opinion	death occurred on the date of	nd hour and from	, that (I) (we) last the causes stated
RAL DIRECT detoched fo tote Dept. of VT: If Hem 2		226. SIGNATURE	1	~_/		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	_/	ATE SIGNED
TO FUNERAL should be de with the Stot		77d PHYSICIAN'S NA COLUMN	P. () J	arow	/	27e. ADDRESS	1. H.		
- 0 2 5		BURIAL, CREMATION, REMOVA (SPECIFY) Removal			NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
MH - 16 50M 1/BI (VRA 15, 4)		uneral director Anatomy Boar	d :	Balto.,	Md.	ÅÛ	G 4 1301	REGISTRAR' SIGI	NAMORCO

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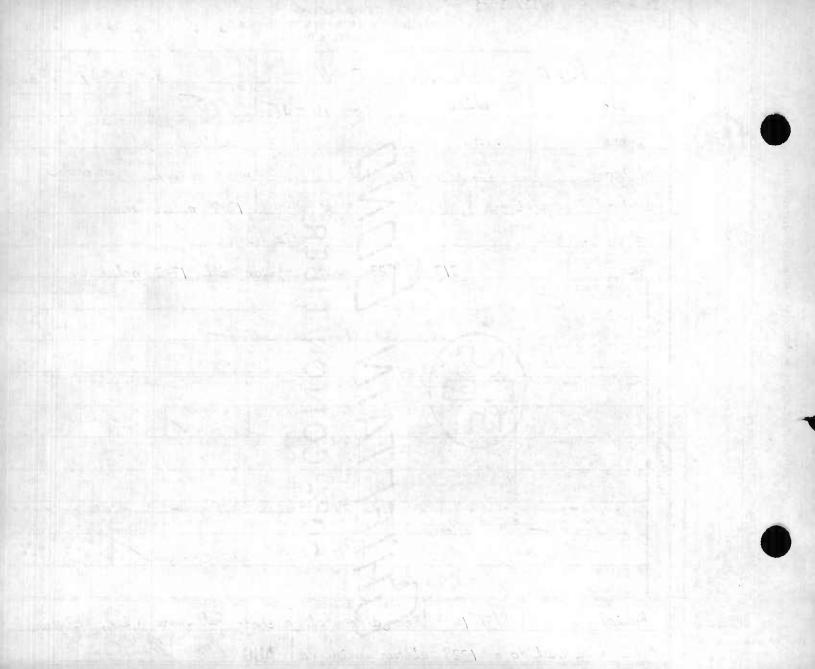
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE **₹** STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN X MONTH (TYPE OF FRONT) ESTI-John Beal1 DEATH MATED 8 25 10 81 4. RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR DATE PRONOUNCED male white 10 81 8:54 DEAD 70. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGH COUNTRY and WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 176 KIND OF BUSINESS Pressman Baltimore South Baltimore General Hospital USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Durkee Manyland 13b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? 3039 Lorena Avenue 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Edith Hayden Idridge Mrs. Mary Beall 3039 Lonera Avenue 21230 213-26-5842 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Hypertensive and arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION USED, 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI PRIOR TO BURIAL, YES X NO [21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Inspection EXECUTE THE CERTIFIC PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAI death resulted Irom: Accident Natural couses Undetermined monner TITLE (SPECIFY) ACTUAL 8/25/81 Assistant SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto., MD 21201 TYPE OR PRINT 23. NAME OF CEMETERY OF CREMATORY
Panswood (emetery 23a. BURIAL, CREMATION, REMOVAL 23b. DAT Baltimone **DHMH - 17** (VR A15 ME (5)

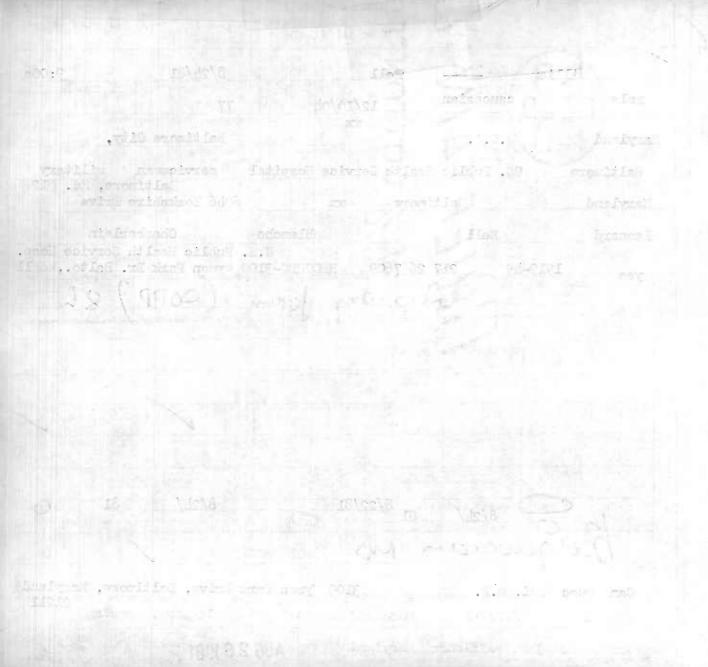
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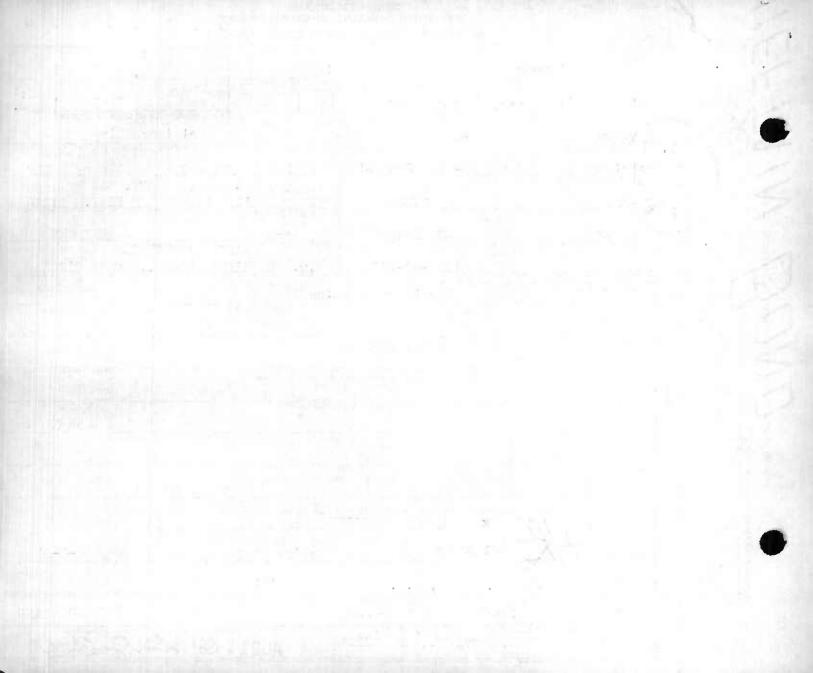


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5	1.	FOR DEI STATE REGISTRAR	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3 PREG. NO.	0 3 5 4
ny be lage 3 death	(TYPI	ASED NAME RIFEST DENT JEM	es Bell	20. DATE OF DEATH MONTH 0.	1-8/ 355
d allow	3. SE	male White	5. DATE OF BIRTH MONTH OAY YEAR 16-05	- 75 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
	7	HPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COULD PENNS	MARRIED WINDOWED DIVORCED	Baltimore lity	м
	Bo	timore St. Agre	s Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS O INDUSTRY automobile
BALTIMORE, MARYLAND 21201 cate be executed within 24 hours visition and completely filled in by spers. Pages 1 and 2 should it fill val. 11, the redical examiner must be	Mo	HER'S NAME	15. MOTHER'S MAIDEN N.	1342 Poplar Ave	
cuted w		obert J. Bell MIDDLE AS DECEASED EVER IN U.S. ARMED FORCES? [166. SOCIA]	Cecelia L L SECURITY NO. 17 INFORMANT	Palmer ADDRESS	LAST
ALTIMORE Te be execute be executed or and control o		, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-	05-8022 Mrs. Gertre	ide Bell 1342 Pap	lar Avenue
W. FRESTON ST., and the death certificate by the attending phase remave carbon places remation, ar remaind other traumatic ever		gove rise to immediate couse (0), stating the DUE TO, OR AS A CON	SEQUENCE OF no Vasculas acci.	dent	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
TAL RECORDS, 201 The low requires the fician that has been signed ast permit. Then plec green prior to buriol shows only injury, or	CERTIFICATION	ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN		20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
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TTENDI pital or TOR: A far use of Heal		20 1 certify that (* (this hospital) attended the deceased sow the deceased alive an 2000ve, (* (we) (did) (did on) view the body after death. 26 1 certify that (* (this hospital) attended the deceased sow the	19 Z.L., and that in (np) (our) apinion DEGREE	n death occurred on the date and hour	9 that (we) lo and from the causes stated 22st. DATE SIGNED
TO HOSPITAL OR A retoined by the hos TO FUNERAL DIREC with the Stote Dept.	1	2d PHYSICIAN'S NAME (TYPE OR PRINT) OR TP R	ESRy 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	Hug, 3, 1781
BP		RIAL, CREMATION, REMOVAL 23b. DATE (CIPY): 8/5/81	136. NAME OF CEMETERY OR CREMATORY New (athederal (emer	tery Baltimore (i	ty, Maryland
DHMH-16 30M 2/80 (VRA 15, 4)		brose Juneral Home 1328 5		TE REC'D. BY REGISTRAR 256 REGISTR	AR'S SIGNATURE





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T	DECEASED		RST		MIDDLE		LAST		2a D	ATE KNOW		TH DAY	YEAR	2b. HOUR
	THE OK PAIN	FI	orence				Belman			OF ESTI-	_	7	1981	
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	Femal				1916 6	5 YRS.	DAYS	Hours		NOUNCED DEAD	8	7	1881	a. M
F	FOREIGN CO	CE (STATE OR	7b. CIT	IZEN OF WH	AT COUNTRY?	-	RIEDXX NEV	ER MARRIEI	9. BA	ALTIMORE CI	TY OR COL	NTY OF	DEATH	
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	(TYPE				ard, M.D		_ADDRESS			Street				
2.	SPECIFY C	REMATION REMOVE REMATION	VAL 23b. DATE 8/	10/81	LOUD	ON PAR				TIMORE			MARYL.	ÄND
		REISTERST						AUG	1 2 19	81 25	enu S	SIGNA	TURE Plan	



2	1	FOR - STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE &	20	3 5 7
. 64		CEASED NAME FIRST E OR PRINT)	MIDDLE		i.	(S)	2e. DATE OF DEATH	MONTH DAY YEAR	2h. HOUR
e 4 may be ttor, page 3 ofter death			rgaret Ruth	h Bel	schne	r	August	10, 1981	M
Her of	3. SE		4 RACE		5 DATE O		& AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR MONTHS DAYS	
ge 4		Female	White		Jan		78 yrs	YRS.	1.00.0
	PI-B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A	COUNTRY?	MARRIED WIDOWEI	DE DIVORCED	Baltimore City o	ecounty of DEATH ore City	MD.
	10.0	Baltimore	11. NAME OF HOSPIT. (IF NOT IN SUCH FACILITY Union Men	Y, GIVE STREET A	DORESS)	r other institution	17a. USUAL OCCUPATH (TYPE OF WORK FOR MOST OF Housewi	ON 12b. KIND INDUSTRY	OF BUSINESS OR
filled in bround be filled in bround broun	13o.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	R OTHER INSTITUTION, GIVE RES NTY 13c. C1		ADMISSION)	75 PA	13e STREET ADDRESS 1025 Union	n Avenue (2)	1211)
ompletely and 2 sh	I E	ATHER'S NAME FIRST Livi	Arnold	LAST		15 MOTHER'S MAIDEN NAME FIRST France	WE		AST
e execute	160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SC	DCIAL SECUE		Mr. Robert Be	ADDRE	SS	
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician. The this certificate has been signed by the attending physician and completely filled in but as the burioil-transit permit. Then please remove carban papers. Pages 1 and 2 should be that and Mental Hygene prior to burioil, cremation, or removal are also shows any injury, or other traumatic event, the medical examiner must be accepted.	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A ((b) DUE TO, OR AS A (1c) CONDITIONS CONTRIB	A.S.	NCE OF	- Seser		DITION GIVEN IN PART I	(01
The low revicion.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH (OPERATION	N WAS PERFORMED	20e AUTOPSY?	200. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED
PHYSICIAN: The ending physician this certificate has burial-transit pid Mental Hygiet d or hem 18 sho.	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. M	ONTH DA	Y YEAR	21c. HOW INJURY OCCURR		1	
DING PHY or attendid After this is as the bu	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU (AT HOME, STREET, FACT		ARM, ETC.)	211 LOCATION STREET	CITY OR TOW	OUNTY COUNTY	STATE
TTEN Pritol TOR for us of He		22a 1 certify that (I) (this hasp sow the disceosed alive of above, (I) (vie) (did) and no	0 1 2			d that in (my) (aur) opinion o	death occurred on the do		
by the ERAL D ERAL D Store D Store D Store D		22b. SIGNATURE 22d. PHYSICIAN'S NAME	loff. m	D		ATTENDING PHYSICIAN	MEDICAL STAF	F/	ESIGNED
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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er must be notified at on

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the should be detoched far use as the burial-transit permit. Then please remave carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending

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ol		John Ribbie Ben	jamin	15 MOTHER'S MAIDEN NAM	MIDDLE E	RVIN	ī
2		(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	NONE	BARBAR	A BENJAMIN	west	minster
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7	MEDICAL CE	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF II	MONTH DAY YEAR 19 NJURY ACTORY, OFFICE FARM ETC.) ceased fram	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE that (1) (we) last
1		224 PHYSICIAN'S NAME (TYPE OR PRINT)	r death	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	& 122. DATE tospita	
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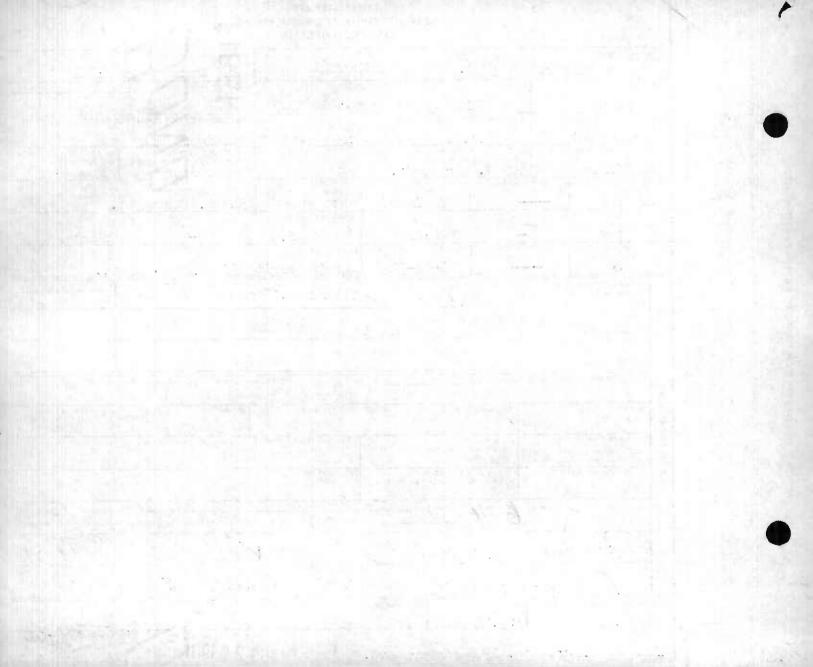
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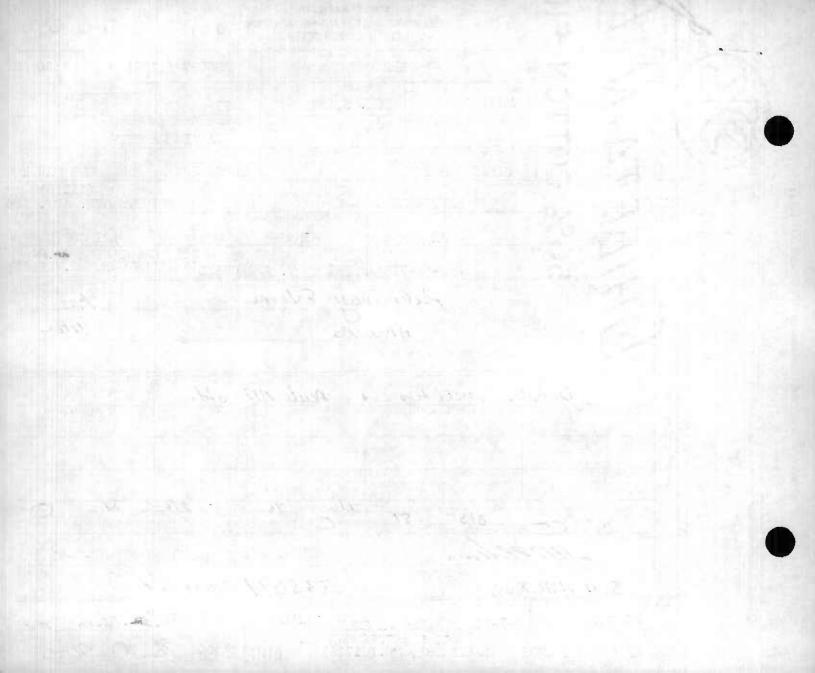
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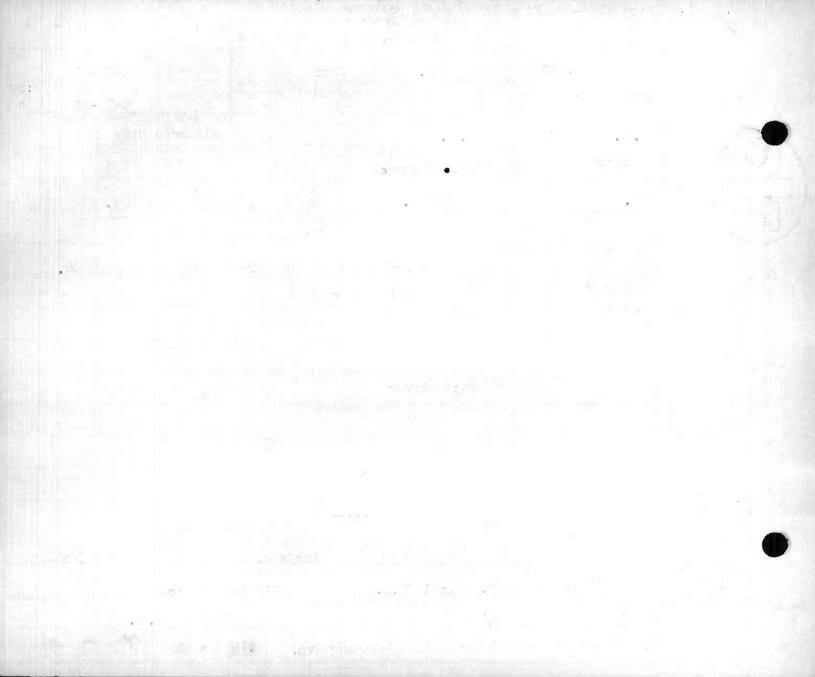


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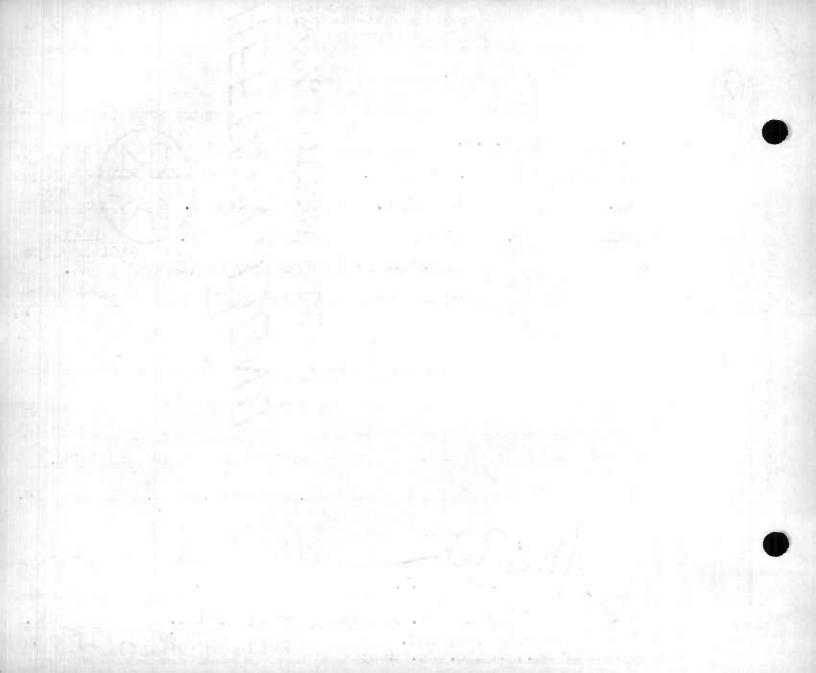
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3. SE	male	JAME RACE black	S. DATE OF BIRTH MONTH DAY	YEAR LAST BIR	YEARS IF UNDE	R 1 YR. IF UNDER	DEATH M R 24 HRS. 26. DATE PRONOUNCE DEAD	MONTH	24-819 24-819	3.30
70. B	SIRTHPLACE (STA	TE OR	76. CITIZEN OF WI		12	□ NEVER MARR	9 BALTIMOI	RECITY OR COUR	NTY OF DEATH	а
В	Baltimore	2	724 Edg	PITAL, NURSING HO	ME, OR OTHER SS)		12a USUAL OCCUPA FOR MOST OF WORKIN	TION (TYPE OF WORK	or indust	
13a. S	AL RESIDENCE (I	FIN NURSING HOME O		Balto.		I. INSIDE CITY LIMITS? YES IO O	13e STREET ADDRESS 724 Edge	wood St		
	ATHER'S NAME FIRST		MIDDLE	LAST		Mother's maid Nettie	Bell Bes		LAST	
16a. \	WAS DECEASED YES, NO, OR UNKNOW YES	EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	241-56-		uline	Brown 724	ADDRESS Edgewo	od St.	
	gove rise cause (o) s lying couse		(c)	AS A CONSEQUENC	CE OF					
Z	PART 2 OTHER SIGN	IFFICANT CUNUITIONS	ONTRIBUTING TO DEATH	atty Liver	ERMINAL OISEASE OR	CONDITION GIVEN IN PA	RT 1 (a).			
IIFICATION	19a. DATE OF C		P	SUI NOT RELATED TO THE T ALTY LIVER TION FOR WHICH OF		114-49	RT 1 (a).		20 AUTOPSY	
CAL CERTIFICATION	19a. DATE OF C	CAUSE WAS	19b. CONDII 21b. TIME OF HOUR A.M P.M	INJURY MONTH DAY YE	PERATION WAS	PERFORMED?	RT 1 (g). ED (ENTER NATURE OF INJURY	y in item 18 part 1 Or 1	YES 🔀	, NO □
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN K I. DECEASED NAME 7b. HOUR (TYPE OR PRINT) ESTI-DEBORAH 15 **BEVANS** DEATH MATED 81 4. RACE 7 SEX DATE OF BIRTH IF UNDER 1 YR. AGE (IN YEARS IF UNDER 24 HRS DATE 7d. HOUR YEAR LAST BIRTHDAY 11:20 PRONOUNCED 10 81 15 DEAD 2 female white n M BIRTHPLACE TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Md. WIDOWED DIVORCED Baltimore City 2, AND 3 TO THE PU 3. RETAIN PAGE 5 2 SHOULD BE FILED wh IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE! OR INDUSTRY, 2 W (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Switch Brd 7200 blk. Harford Rd Operator Apt 13a STATE 13b. COUNTY 13e. STREET ADDRESS Balto. Md. St. NO [Paul Place PAGES 1 AND 2 S 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, 2 MIDDLE LAST Gladys Miller GIVE PAGES Vernon Bevans ADDRESS 9101 Bowline 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16h SOCIAL SECURITY NO. DIVISION IYES, NO. OR UNKNOWN) LIF YES, GIVE WAR OR DATES) 214-72-6206 Vernon Bevans (father) Rd. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AND MENTAL HYGIENE, ATION, OR REMOVAL. IMMEDIATE CAUSE (6) Cranio-cerebral and cervical trauma DUE TO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) ASA CERTIFICATION 19a DATE OF OPERATION USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULI EXECUTE THE CERTIFICATE, WRITING THE WORD."P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALLTIMORE, MARYLAND, 21201 PRIQR TO BURIAL, YES W NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING A OR HOUR KM. MONTH DAY YEAR MEDICAL P.M. 8-15-Passenger in motorcycle/auto collision. CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY NOT WHILE AT WORK AT WORK Harford Rd. . Balto Md. 7200 blk 22a. I certify that I took charge of the remains described above, held an Autopsy death resulted from Undetermined monner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 8-16-81 SIGNATURE Dixon, M.D. 111 Penn St. EXAMINER'S NAM TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial Balto COUNTY Md. St. Michael Cemetery 250. DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE "Schimunek Funeral Home, Inc. **DHMH-17** (VR A15 ME (5) 9705 Belair Rd., Balto. Md. 15M 2/80

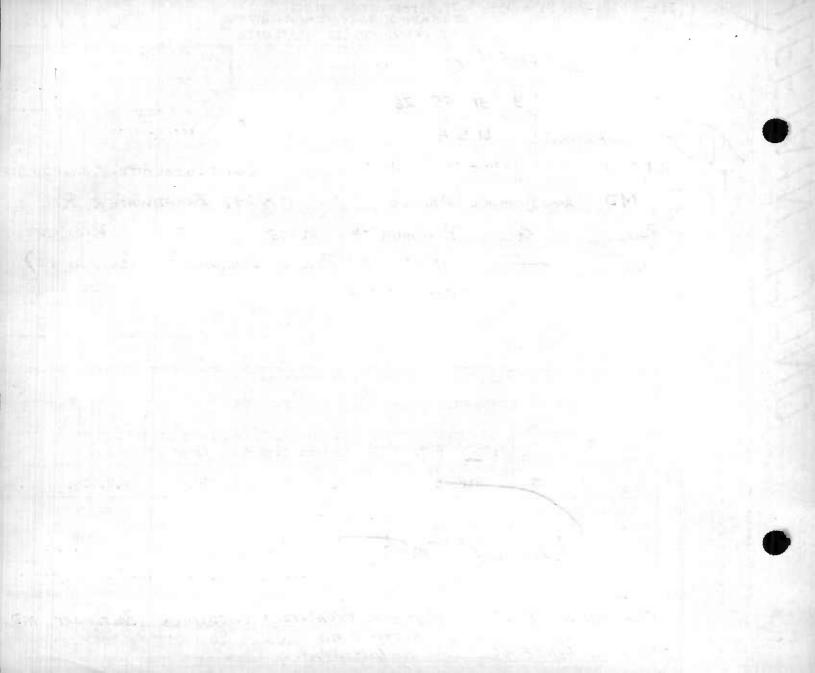


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	I. DE	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
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THE !		M	W	5-24-1915	66	YRS. MONTHS DAYS	HOURS MIN.
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11 100	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO		12g USUAL OCCUPAT		OF BUSINESS OR
H 70	1	WALTO.	John L. Deston M	edical Center	CHAFFE	JR CIT	
200	13g.	AL RESIDENCE (IF NURSING HOME)	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS UNITY 136 CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
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12 S	14. Fz	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	14	CT
		JOHN A.	BIEDENBACK	Me	IRTHA A.	WARFIEL	-D.
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0041 0 /00	24-F	UNERAL DIRECTOR				251 REGISTRAR'S SIGNAT	TURE
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Male	4. RACE White	3 31 55	26 YRS.		R 24 HRS. 2c. DATE MIN. PRONOUNCED DEAD		7 1981	12:12 P M
FOREIGN		76. CITIZEN OF WHAT COUNT	WIDOV		ced 🗆 Baltimo	ore City		MD.
Balt	r town of death timore	11. NAME OF HOSPITAL, NUR (# NOT IN SUCH FACELITY, GIVE ST University	Hospital	ier institution	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE) SERVICE STATICA		OR INDUSTR	RY
130. STATE	MD ANNE		OR TOWN	13d. INSIDE CITY LIMITS? YES NO	1297 BROAT	DWATE	2 RD	4
PA	UL	G BING	GHAM IB	15. MOTHER'S MAIL FIRST ALYCE	DEN NAME MIDDLE	F	RICKE	RT
YES, NO	DECEASED EVER IN U.S. ARM D. OR UNKNOWN) (IF YES, GIVE V	NED FORCES?	648434	PAUL G.	BINGHAM TE	(SAME	= A3 1.	3)
	Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse last.	BY: Multi E CAUSE (o) Multi (b) DUE TO, OR AS A CON (c) DITRIBUTING TO DEATH BUT NOT RELAI	SEQUENCE OF		PART 3 Ia .		BETWEEN ONSET	
MEDICAL CERTIFICATION 100 100 100 100 100 100 100 1	DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION W	'AS PERFORMED?			20 AUTOPSY?	но П
Z Ta.	EXTERNAL CAUSE WAS DERLYING OR NTRIBUTING CAUSE OF D	21b. TIME OF INJURY HOUR A.M. MONTH	DAY VEAD		RED (ENTER NATURE OF INJURY IN ITE 1 ped in front			NO L
	INJURY OCCURRED HILE NOT WHILE OF AT WORK	21e PLACE OF INJURY STREET, FACTORY, FABON, ET		CATION STREET 2 & Co]	llege PKWy.	A . A .	T Co.	MC .
de		e of the remains described about a course Accident	uicide X	Hamicide TITLE (SPECIFY)	On Inquiry Inq	and in my apin DATE SIGNED.	8/8/81	
Z EXA	AMINER'S NAME Thom	nas D. Smith,	M.D.	ADDRESS 111 F	Penn Street, B	altimore	, MD.21	1201
24. FUNER	L, CREMATION, REMOVAL 23 REMATION RELDIRECTOR AS SERT S. BARK	8-10-81 WE	AME OF CEMETERY C STYEIW C RITCHIE TRNA PARK	HWY. PAUL	231 LOCATION CITY OF TOWN WOOD LA	REGISTRAL'S SIG	MORE MORE	MD.



/15/81

MARCH F/H 1101 E.

MIDDLE

- STATE

BP

DHMH-16 30M 2/80

(VRA 15, 4)

REGISTRAR

BURIAL

24. FUNERAL DIRECTOR

NAME

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

CEMETERY

BAT.TO.

NORTH AVE

ADDRESS

LAST

REG NO

MONTH

YEAR

8

IF UNDER 1 YEAR

INDUSTRY

WATTS

YES T

COUNTY

COUNTY

BALTO

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

22c. DATE SIGNED

STATE

STATE

MD.

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

20 DATE OF DEATH

Kacheal Headler

	lı.	FOR STATE		DEPARTA	STATE OF MAI AENT OF HEALTH A	ND MENTAL HY	GIENE 8	203	5 / 3
		REGISTRAR -			CERTIFICATE O	OF DEATH	REG. NO.		
		CEASED NAME	FIRST	MIDDLE	LAST	7 11	20. DATE OF DEATH MO	NTH DAY YEAR	2b. HOUR
5		Howa	rd E.		Blackbur	n	8	881	7:40
(mm	3. SE		4 RACE		5. DATE OF BIRTH	AY YEAR	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAY	AR IF UNDER 24
E IMI		MALE	WH	TTE	SEPT. 12	1894	86	YRS.	
1		IRTHPLACE (STATE OR FO	The CITIZEN OF USA	F WHAT COUNTRY?	MARRIEDOE NEV	/ER MARRIED DIVORCED	Balto. City	COUNTY OF DEATH	
14		TY OR TOWN OF DEAT	(IF NOT IN SU	F HOSPITAL, NURSIN UCH FACILITY, GIVE STREET A Memorial	ADDRESS)	INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W CUSTODIAL	ORKING LIFE) INDUSTR	OF BUSINESS TENANCE
and be	13a.	AL RESIDENCE (IF NURSIN STATE MD .	NG HOME OR OTHER INSTITUTION IS COUNTY BALTIMOR	134. CITY OR TOWN BALTIMOR	N 134, INSI	DE CITY LIMITS?	1305 E. 35th	Y	
200 Z 34	14. F/	ATHER'S NAME FIRST	WIDDLE	LAST		HER'S MAIDEN N.		+	LAST
2 10			N U.S. ARMED FORCES?	BI.ACK BUR		RMANT	ADDRESS	BARRICK	S
Poge		YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)		лижни	SA RIACI		NE OTHY	
Se re Crei		gove rise to imme couse (o), stating underlying cause		OR AS A CONSEQUE	NCE OF		7		
has been signed by the permit. Then please relengation to buriol, crented by sony injury, or other	TIFICATION	couse (a), stating underlying cause PART 2. OTHER SIGN!	the lost. DUE TO, (c)_ IFICANT CONDITIONS C		DEATH BUT NOT RELA	monard	200 AUTOPSY? 2	0b. IF YES, WERE FINE N CERTIFYING CAUS	DINGS USED
coole has been signed rooms permit. Then plea Hygiene prior to buriol 18 shows ony injury, or	CERTIFICATION	PART 2. OTHER SIGNI 190 DATE OF OPERATION 210, ACCIDENT WAS UNDER	the lost. (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	CONTRIBUTING TO E Dbstructe DITION FOR WHICH OF INJURY	DEATH BUT NOT RELA DEATH BUT NOT RELA OPERATION WAS PE	MONAY REFORMED J	DISCASE 1200 AUTOPSY? 12	Ob. IF YES, WERE FIND N CERTIFYING CAUSE YES	DINGS USED ES OF DEATH NO
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Is certificate has been signed buriol-transit permit. Then plea Mental Hygiene prior to buriol to them 18 shows any injury, or them 18 shows any injury, or		COUSE (O), stating underlying cause PART 2. OTHER SIGN! 210. ACCIDENT WAS UNDER OR CONTRIBUTING CALL LIFE LITHER, NOTHEY MEDICA 21d. INJURY OCCURRE WHILE NOTH WHILL AT WORK NOTHEY WORK 220.1 certify that (1)	This hospitall oftended to	OF INJURY A.M. MONTH DA P.M. E OF INJURY THEET, FACTORY, OFFICE, FACTO	OPERATION WAS PERFORMED TO SEATH BUT NOT RELATION WAS PERFORMED TO SEATH OF THE PERFORMENT OF THE PERF	ERFORMED WINJURY OCCU ATION TREET	200 AUTOPSY? 2 YES NO RRED (ENTER NATURE OF INJURY IN	Ob. IF YES, WERE FIND N CERTIFYING CAUSI YES	DINGS USED ES OF DEATH NO
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I. DIRECTOR. After this certificate has been signed stocked for use as the buriot-tronsit permit. Then plec the Dept. of Health and Mental Hygiene prior to buriot: if them 21 is marked or them 18 shows any injury, or	WEDICAL 0.052	COUSE (O), stating underlying cause PART 2. OTHER SIGNI 210. ACCIDENT WAS UNDER OR CONTRIBUTING CALLER SIGNI 21d. INJURY OCCURRE WHILE NOT WHELL AT WORK NOT WHELL AT WORK ALL WORK 220.1 certify that (I) (I) SOW the crossed above, (A) (Wa) (did 22b. SIGNATURE	The lost. DUE TO. (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e)	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, FACTORY,	OPERATION WAS PERFORMED TO SERVE TO SER	ERFORMED WINJURY OCCU ATION TREET ATTENDING PHYSICIAN DRESS LE. Uni	200 AUTOPSY? 200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN A death occurred an the date DIRECTOR PHYSICIAL DIRECTOR PHYSICIAL DIRECTOR PHYSICIAL OUT OR TOWN 23d LOCATION CITY OR TOWN	Ob. IF YES, WERE FIND N CERTIFYING CAUSI YES COUNTY OND HOME TO THE PART 1 OR PART 2: COUNTY OND HOME TO THE PART 1 OR PART 2: COUNTY ALLIEGAN	DINGS USED ES OF DEATH NO

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Maria Angel		AZUST			201
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wanter.	TRACTOR YEAR	and the state of	780 raes.		IN THE

1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 5 7 6 CERTIFICATE OF DEATH REG. NO.						
ITYPE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2h HOUR			
death death	Stephe		Blackwell	8	7 81 M			
3 SE	x Male	RACE Black	S DATE OF BIRTH 2 DAY 2 1900	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN			
7a. B	IRTHPLACE (STATE OR FOREIGN	7). CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNT	Y OF DEATH			
VE VE	irginia	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Cit				
AR POO BE	altimore	11. NAME OF HOSPITAL, NURSIN 1505 Druid Hi	G HOME OR OTHER INSTITUTION Avenue	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING L	Sealtest-Da:			
Eg SAM	AL RESIDENCE IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY TOWN BALTIMO	ADMISSION 13d. INSIDE CITY LIMITS? YES 1 NO	1505 Druid Hi	Md.21217 ill Avenue			
d 2 s	Stephen	Blackwell	IS MOTHER'S MAIDEN NA.		Wynn			
	WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIVE	SWAR OR OLIVERS	rity no 17 informant 2676A Mrs. Eva I	ADDRE Balt Hite 1505 Druj	to.,Md.21217 id Hill Avenue			
ificate has been signed by the atternation and please remove can think they are prior to burfal, cremation in 18 shows any injury, or other transport	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONTRACTOR OF CONTRAC	DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO C	7767	200 AUTOPSY? 206. IF YE	VEN IN PART 1(0) ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?			
ansit perm em 18 shov em 18 shov CERTIFIC	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	121/ HOW IN HIPY OCCUPS	YES NO Y	ES NO			
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the burial-tr h and Menta marked or Ite	216. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21R PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	211 LOCATION	CITY OR TOWN	COUNTY STATE			
or use ar	saw the deceased alive an abave, (1) (we) third (did no	tal) attended the deceased fram 7 - 30 19 8		, to 7-30 death accurred an the date and ho				
d for u	22b. SIGNATURE	1 -	DE GREE ATTENDING	MEDICAL STAFF \	22c. DATE SIGNED			
E b d L	224 PHYSICIAN'S DAME		PHYSICIAN [DIRECTOR PHYSICIAN	8-10-87			
MPORTANT: If It	226 PHYSICIAN SMAME ITYPE OF	SHAFI.	PHYSICIAN [22R ADDRESS Promuleum	d horgista	l a-10-8/			
should be detached with the State Dept IMPORTANT: If It		SHAF/. 236. DATE 236. N Art A	PHYSICIAN [d hogital 234 LOCATION Pk. Baltimore	County, Mi.			

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1 1	1		STATE OF MARYLAND
6 ×	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 2 0 3 / /
		CEASED NAME FIRST	REG. NO. MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 25 HOUR AW
2 m-E	(TYP	ORPRINT) BCh	orles James Blahut 8 581 8:50 m
A D D D	3. SE		4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
		male	Caucasian 11. 3 98 82 yrs. 8 HOURS MIN
(AA)	7a, B	RTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OF COUNTY OF DEATH
A MAIL	Y	MoRVia	U.S.A. WIDOWED DIVORCED Baltimore City MD.
1. 11 1/-	100	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
20 14 10	10	altimore all	South Baldmore Gen Hom netired Trick
0 2 PM DC	13a.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. GTY OF TOWN 130. INSIDE CITY LIMITS! 130. STREET ADDRESS
LAN STATE OF THE S	14.5	ATHER'S NAME	15 MOTHER'S MAIDEN NAME 100 100 STORT
1 1 2 2 mg	1	FIRS! LIOUTE	MDDLE LAST FIRST
# 5 8 7	16a \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS
No spec		10 . /	EWAR OR DATES) 2776/3986 Charles Blaket patent address
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T, 8			ly one cause per line for (a), (b), and (c).) BY: ECAUSE (a) Rependent exciton 2 to Acuto Myocardeal
ON S Con Office of Con Office		4321	DUE TO, OR AS ACONSEQUENCE OF 60 6
BST de		Conditions, if any, which	(b) an arction + R) Corepral vascular accident
A		gove rise to immediate couse (a), stating the	DUE TO, OR A A CONSEQUENCE OF
to the state of th	1	underlying couse last.	10) which followed (M) endasteractions
No. 2 No. 2 No. 5 No. 5 No. 5 No. 5 No. 7	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN INVALT 1(a)
90 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
34 10 10 10 10 10 10 10 10 10 10 10 10 10	FE	7/16/81	CON O LID STEMPLOW IN CERTIFYING CAUSES OF DEATH?
VITA Pricio Pri	18	21a. ACCIDENT WAS UNDERLYING	YES NO YES NO
O CEAN	100	OR CONTRIBUTING CAUSE OF DEA	THE HOUR A.M. MONTH DAY YEAR
NO HAYS	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY 211. LOCATION
VIS after the state of the stat	18	NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
MD of or			tal) attended the deceased fram 1, 1981, ta 8/5, 1981, that (I) (we) last
CTO CTO		sow the deceased alive an above, (I) (we) (did) (did no	t) view the body ofter death.
Dept Park		226 SIGNATURE OF A	DEGREE ATTENDING MEDICAL STAFF ONTE SIGNED
PITAL by H WERAL Storte	1	22d. PHYSICIAN'S NAME (TYPE O	PHYSICIAN DIRECTOR PHYSICIAN
OP DP4 8		10 h	The company of the contract of
04 04 W	730	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION
) 50 BP	230.	SPECIFY) Burial	O /O /A O O A COUNTY STATE
DHMH: 16 30M 2/80		UNERAL DIRECTOR 4200	Pennington Ave. Balto. Mars Date RECO. By REGISTRAR SUBGISTRARS SIGNATURE
(VRA 15, 4)	7.7	NAME	of Cunting Par 21226 AUG 7 1981 Name Jan Martle

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 20 DATE OF DEATH 26 HOUR

1				рта	ilu	August 2	20,	1981	10	:45P M
	3. SEX	4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHDA	Y)	IF UNDER 1 YE		DER 24 HRS
	Male	Neg	ro	3 MONTH	1 1912	69	YRS	MONTHS DAT	5 HOU	RS MIN.
3	Balto.		WHAT COUNTRY?	MARRIED WIDOWE	NEVER MARRIED	Baltimore (MD
1	© CITY OR TOWN OF DEATH Baltimore	Mary	land Gene	G HOME O	R OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Laborer		12b. KINE INDUSTE		INESS OR
5	USUAL RESIDENCE (IF NURSING HOME 13a. STATE Md.		Balto.		13d INSIDE CITY LIMITS? YES X NO [13e STREET ADDRESS 1405 Anglese	ea S			•
	Richard	MIDDLE	Bland	8	Lillian				en.	
	60. WAS DECEASED EVER IN U.S. A	RMED FORCES?	216-09-0		Evelyn Blan	address and 301 Sollers	Po	1		
	18 CAUSE OF DEATH Enter PART I DEATH WAS CAUS IMMEDI Canditions, if any, which	SED BY ATE CAUSE (0)		c Liv	er Disease				nths	NTERVAL AND DEATH
	gave rise to immediate cause (0), stating the underlying cause last.	(b) DUE TO, O	r as a conseque	NCE OF						
7	gave rise to immediate cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	CONDITIONS CO	DATRIBUTING TO D	OPERATION	N WAS PERFORMED	YES NO	b. IF YE CERTII	S, WERE FINI FYING CAUS	DINGS L ES OF D	
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DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR Carlton C. Douglass

FOR STATE REGISTRAR

1 DECEASED NAME

103 Avondale Rd.

Meadowridge Mem. Pk.

AUG 28 1981 Trances

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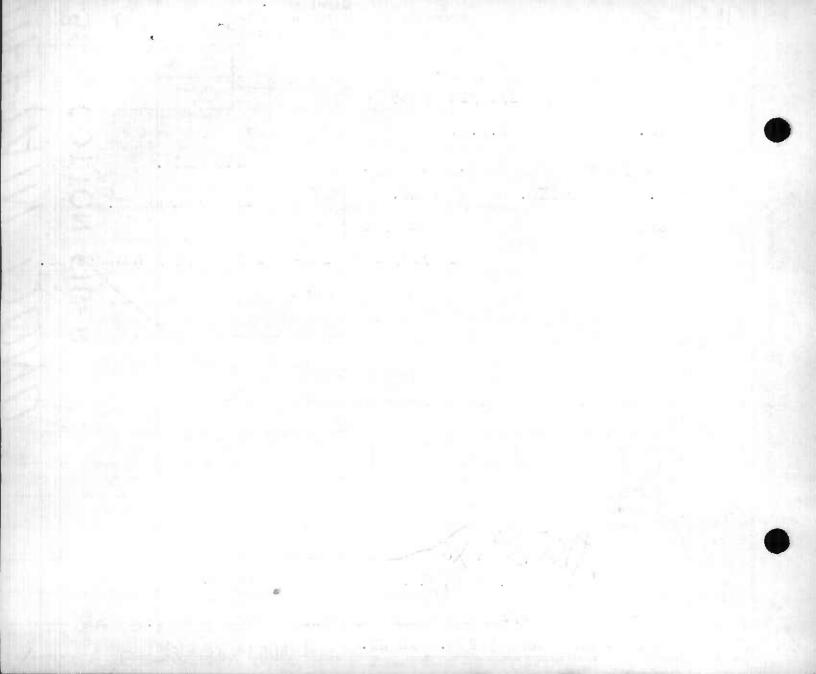
	STATE OF MARYLAND
3	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 6 2 0 9 9
	REG. NO.
	1. DECEASED NAME FIRST MIDDLE LAST BLAND 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR PA
	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (INYEARS LAST BIRTHDAL) IF UNDER 1 YEAR IF UNDER 24 HRS
recit	FETALE BLACK 192 5 1905 15 YRS. THE WORLD
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by the siled wi	BALTMORE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) THE STREET OF WORK FOR MOST OF WORKING LIFE! INDUSTRY INDUSTRY
d in	JOSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
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MARYLAND ed within 24 mpletely filler and 2 should	14. FATHER'S NAME FIRST MIDDLE LAST 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST
+ 0	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
BALTIMORE ote be execu- ote be execu- spers. Pages vol. 1, the medicol	[YES, NO OR UNKNOWN] [IF YES, GIVE WAR OR DATES] 579-01-2889 LEONA ALEXANDER 1012 BRANTLEY AVE.
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Or	23a.	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d. LOCATION	
BP		(SPECIFY)			CITY OR TOWN COUNTY	STATE
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DHMH-16 30M 2/80		NAME	ADDRESS 6	500 York Rd.	TE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGN	ATUKE
Let (VRA 15, 4)	Mi	tchell-Wiedefel	d Home, Inc. B	alto., Md. A	UG 4 1981 Many Ja	Martha

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME MIDDLE 20 DATE KNOWN X MONTH 7h HOUR (TYPE OR PRINT) OF ESTI-BASCOM BLEVINS DEATH MATED 8 16 81 19 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. MONTH 24 HOUR 7:30 IF LINDER 24 HRS DATE 65 YRS. 26/ PRONOLINCED 16 DEAD male white 16 19 81 a M 7b. CITIZEN OF WHAT COUNTRY? 2, AND 3 TO THE FUNERAL 3. RETAIN PAGE 5 FOR SHOULD BE FILED, WITH TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED II.S.A. WIDOWED DIVORCED # Baltimore City IB CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 843 Baltimore Lombard USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13d. INSIDE CITY LIMITS? 130 STREET ADDRESS YES [7] NO [AT BEWIRE ST VITAL 8. GIVE PAGES 1, 2, WITH FORM PM 3. II. PAGES 1 AND 2 S DIVISION OF YITAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST GT. ENN BLEVINS 2 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) 236/16/3868 RICHARD PRYOR 2T3 ALBOMARLE ST. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL ED AS A BURIAL-TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D IL, CREMATION, OR REMOVAL. SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION USED / 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? TO BURIAL, YES NO X 3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TING IN. WEDICAL PRIOR P M 10 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 21L LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 2 TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE SIT BALLIMORE, MARYLAND, 2 X 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ond in my opinion death resulted from: Natural couse ccident Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8-16-81 SIGNATURE EXAMINER'S NAME 111 Penn St. Ann M. Dixon, M.D. TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE BURTAL RDENS OF FATTH KENWOOD AVE OVERE 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** NOCE & SONS 322 S. HIH ST. VR A15 ME (5)) 15M 2/80

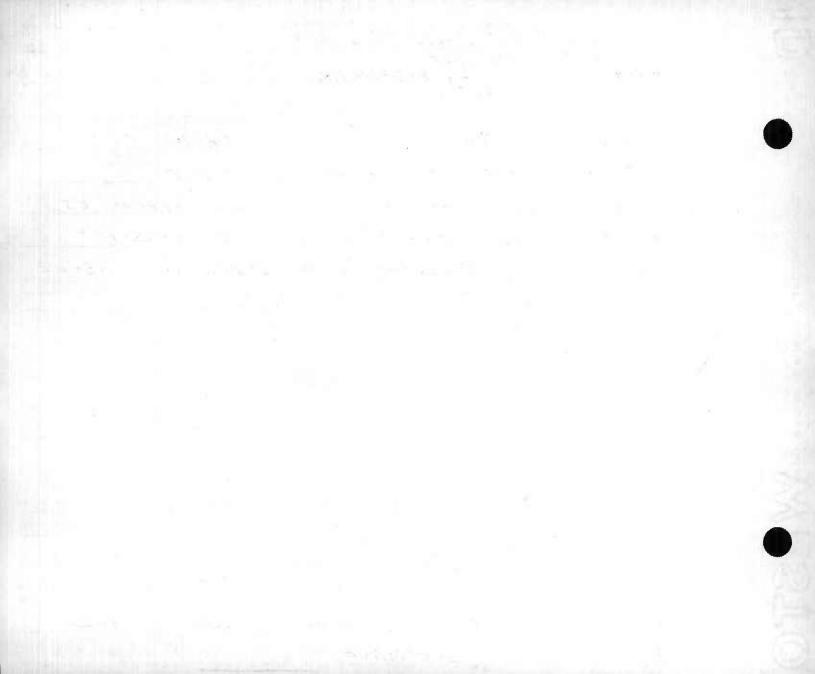




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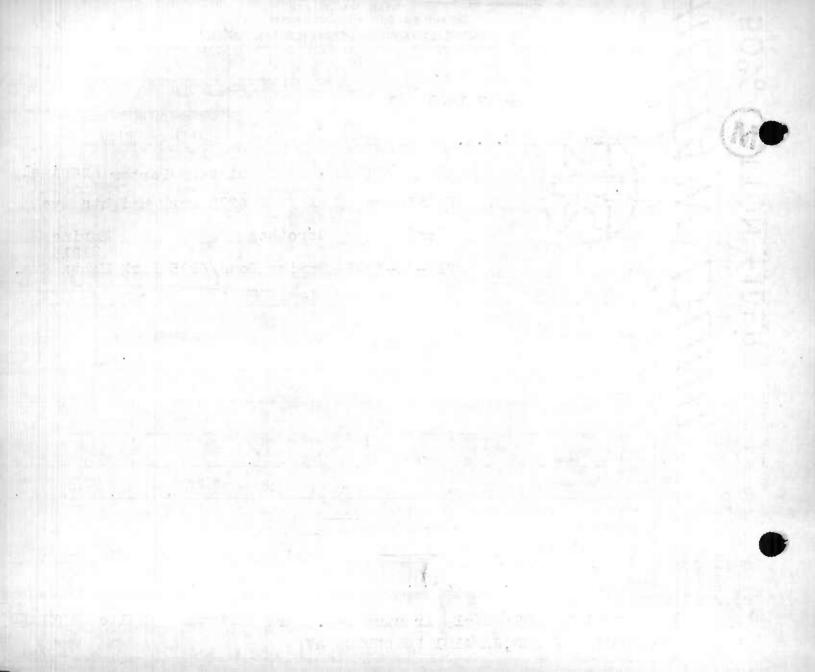
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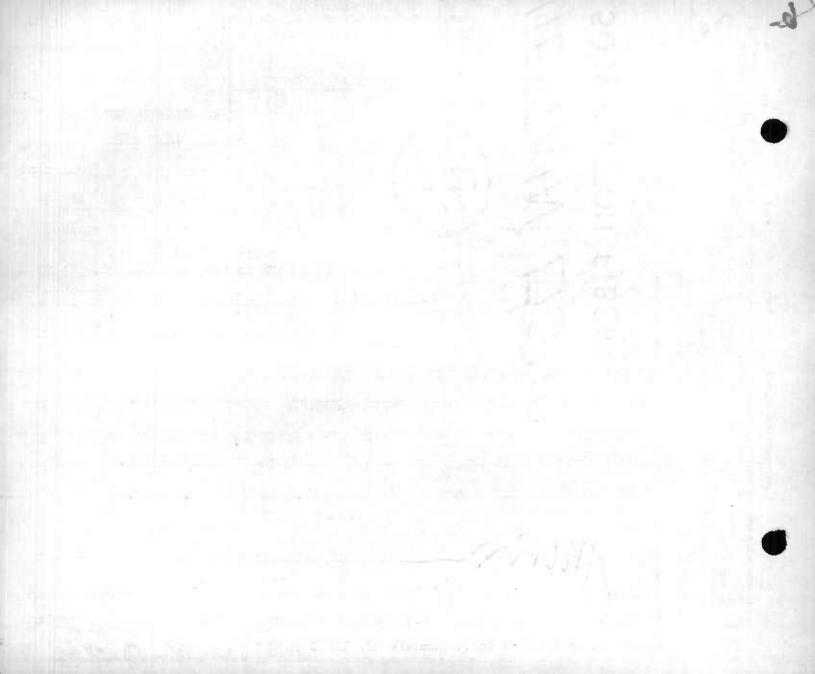
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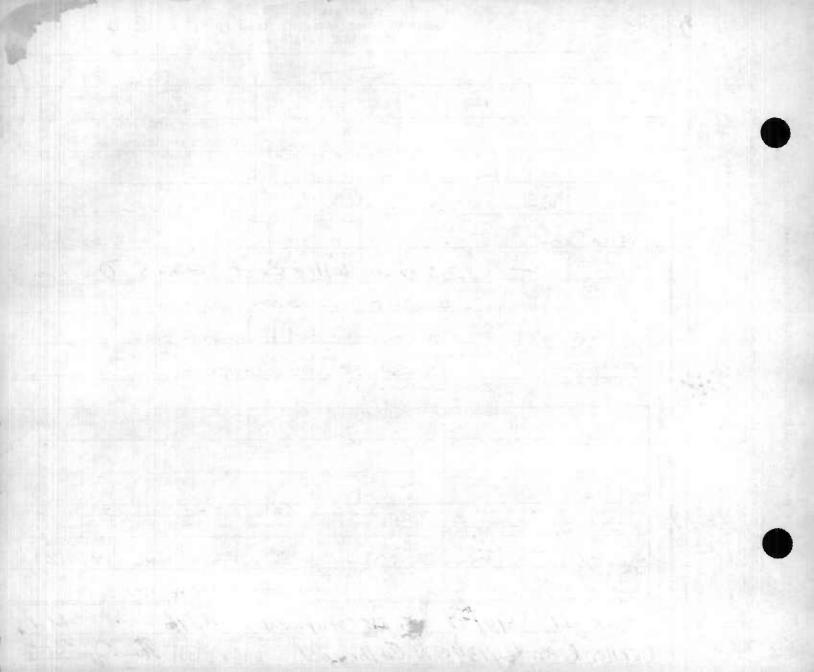
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) ESTI-RONALD BOND DEATH MATED 8 19 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS Zc. DATE 2d HOUR PRONOUNCED 8:15 1948 Apr DEAD 28 19 8 male negro TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED K NEVER MARRIED FOREIGN COUNTRY! Maryland DIVORCED Baltimore City WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Baltimore Liberty Heights Ave. Hospita] AND 2 SHOULD BE Porter USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13e STREET ADDRESS 13b. COUNTY 33d. INSIDE CITY LIMITS? Maryland Baltimore 4235 Park Heights Ave 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND OF VIT MIDDLE MIDDLE EAST LAST FIRST Charles Bond Dorothea Marine 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16h SOCIAL SECURITY NO ADDRESS USED AS A BURIAL - TRANSIT PERMIT, PAGES I OF HEALTH AND MENTAL HYGIENE, DIVISION (IRIAL, CREMATION, OR REMOVAL. 21215 (YES, NO, OR UNKNOWN) 219-44-7905 Maxine Bond/4235 Park Hehts Ave APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ALONG W BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST Gunshot wound of head (unspecified weapon) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION TO MEDICAL EXAMINER: ITING THE WORD FEE EXECUTE THE CERTIFICATE, WRITING THE WORD FAGE 4 SHOULD BE FORWARDED TO THE CHIEF A FOOL BE FORWARDED TO THE CITE OF A SHOULD BE USED A FITE DEPARTMENT OF HE AFTER DEATH, WITH THE STATE DEPARTMENT OF HE AFTER DEPARTMEN 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [V] NO [71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY UNDERLYING X OR 8-27-CONTRIBUTING CAUSE OF DEATH Subject shot, 2 e PLACE OF INJURY (AT HOME ZIL LOCATION 21d INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY FARM FIC 1 3200 Liberty Heights Ave., Balto, City Md. park Autopsy 220 I certify that I took charge of the remains described above, held on Inspection and in my opinion Hamicide X Undetermined manner death resulted fram Natural causes TITLE (SPECIFY) Assistant MEDICAL EXAMINER 8-28-81 SIGNATURE 111 Penn St. Ann M. Dixon, M.D. EXAMINER'S NAME (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Burial Arbutus Arbutus Mem. Park Balto 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE JONES, JR 4101 EBMONDSON AV **DHMH-17** (VR A15 ME (5) 15M 2/80



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN X 26 HOUR (TYPE OR PRINT) OF ESTI-IS NECESSARY, PLEASE FUNGRAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS W PRESTON STREET, 15 81 MICHAEL DEATH MATED 8 Thomas BONINCONTR 19 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY 2:30 PRONOUNCED 10 81 DEAD male white 7/17/1951 30 DM TO BIRTHPLACE (STATE OF CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY)
Maryland DURS AFTER DEATH. IF ANY DELAY IS NEC 18. GIVE PAGES I, 2, AND 3 TO THE FUNG 5. WITH FORM PM. 3. RETAIN PAGE 5. FG MIT, PAGES 1 AND 2 SHOULD BE FILED, WITH 6. DIVISION OF VITAL PECORDS, 201 M, PA U.S.A. WIDOWED DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) OR INDUSTRY Baltimore University Hospital Restaurant Manager USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e. STATE COUNTY 11196 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Baltimore Dundalk NOX 1720 Brookview Rd. 21222 YES [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Carlo MIDDLE MIDDLE Bonincontri Miller Joseph Betty Lou 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) HE YES, GIVE WAR OR DATES! Carlo J. Bonincontri THIF MEDICAL EXAMINER ALONG WITH USED AS A BURIAL TRANSIT PERMIT. PAGOF HEATTH AND MENTAL HYGIENE, DIVISION, OR REMOVAL. No 216.54.5402 3473 McShane Way, Dundalk, Md 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, 201 PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO INE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF YOU BE HORE AGE 3 SHOULD BE COUTED BE AGE 3 SHOULD BE FOR HATTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARY AND, 21201 PRIQR TO BURIAL, 20 AUTOPSY? YES 🔽 NO [] 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH x 8/4 8-15-1981 Dr<u>iver</u> in ieep/truck collision 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) STATE WHILE COUNTY NOT WHILE AT WORK AT WORK 6600 Holahird Md road hlk AVA Ralto 220. I certify that I took charge of the remains described above, held an Autopsy ond in my opinion death resulted from Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNED 8-16-81 SIGNATURE EXAMINER'S NAM M.D. 111 Penn St. Ann M. Dixon. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 73c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Cremation 8/18/1981 Baltimore Green Mount Crematory Maryland BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE **DHMH-17** Walter Brooks Bradley Inc., Dundalk Md. 21222 (VR A15 ME (5)) 15M 2/80



3	1	FOR - STATE REGISTRAR	DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8	2 9 3 8 -9
o #1 #		CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	20 11001
20, 20		Sar		BOST	8	681120 pm
1	3 SE	F	1. RACE	5. DATE OF BIRTH MONTH DAY YEAR 2 26 3	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS MIN.
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by : fled	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	12b KIND OF BUSINESS OR
ould be f	13a	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	ROTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY OF	BEFORE ADMISSION)	5? 13e. STREET ADDRESS	15105
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n signe Then p r to bur injury,	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS <u>CONTRIBUTION</u>	G TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
hos be ene prii	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. 1 IN CE	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \to NO \to
or attending physicia After this certificate e as the burial-transit alth and Mental Hygie marked or Item 18 sho		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	H DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEA	n 18 PART I ORPART 2)
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY O	OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
for use of Healt		220. I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no	12 _	(3)	ion death occurred on the date and	hour and from the couses stated
RAL DIRE detoched ote Dept. VT: If ftem		226. SIGNATURE	Solomo	DE GREE ATTENDINI PHYSICIAI		220 DATE SIGNED 8/6/81
old be of the St		22d PHYSICIAN'S NAME INTO	CLOMON	22e ADDRESS	251TY HOSPIT	21
Sho sho		BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	236 DAJE /8/	234 NAME OF CEMETERY OR CREMATO	CITY DE TOWN	COUNTY MSTATY
MH - 16 50M 1/81 (VRA 15, 4)		UNERAL DIRECTOR	121/000	25g	DATE REC'D. BY REGISTRAR 256. RE	TRAR'S SIGNATURE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 20. DATE OF DEATH MONTH YEAR 2b HOUR CTYPE OR PRINT (ISAIAH) BOSTIC 08/19/81 Isaih 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR 59 male black 21 To. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED & NEVER MARRIED COUNTRY S. C. USA BALTIMORE CITY O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore JOHNS HOPKINS HOSPITAL UAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 201 W. PRESTON ST., BALTIMORE, MARYLAND 21 3a STATE 136 COUNTY 13r. CITY OR TOWN 1536 Madison Street 13d INSIDE CITY LIMITS? Md Baltimore YES TE NO 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDI MIDDLE Gussie Dora Bostic Bostic ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN LIF YES, GIVE WAR OR DATES) Brown's Funeral Home 310 E. Macon No 248-24-2688 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY HYPOTENSION IMMEDIATE CAUSE OR AS A CONSEQUENCE OF ARREST CARDIAL Conditions, if any, which gove rise to immediate couse to), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last POSSIBLE SEPSIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG DIVISION OF VITAL RECORDS, TOE INFELDEN 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF NO DO YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) MEDIC 21d INJURY OCCURRED 23e PLACE OF INJURY 21L LOCATION AT HOME STREET, FACTORY OFFICE, FARM, ETC 1 CITY OR TOWN COUNTY STATE NOT WHILE AJGUST AUGUST 15 220 | certify that (1) (this hospital) attended the deceased from sow the deceased give on AVCUST 19 above, (1) (we) add (did not) view the body after death and that in (my) (our) apinion death occurred on the date and hour and from the couses stated SIGNATUR DEGREE 22c. DATE SIGNED 8/15/87 ATTENDING MEDICAL STAFF mp PHYSICIAN DIRECTOR PHYSICIAN FUNER ould be d h the Sto 22e. ADDRESS JUANS HOPKINS HUSPITA JAFF 230 BURIAL CREMATION, REMOVAL 23d LOCATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY COUNTY 8/23/81 Coley Spring Cem Burial Warrenton 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 (VRA 15, 4) William C. March F/H 1101 E. North Ave

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STATE OF MARYLAND

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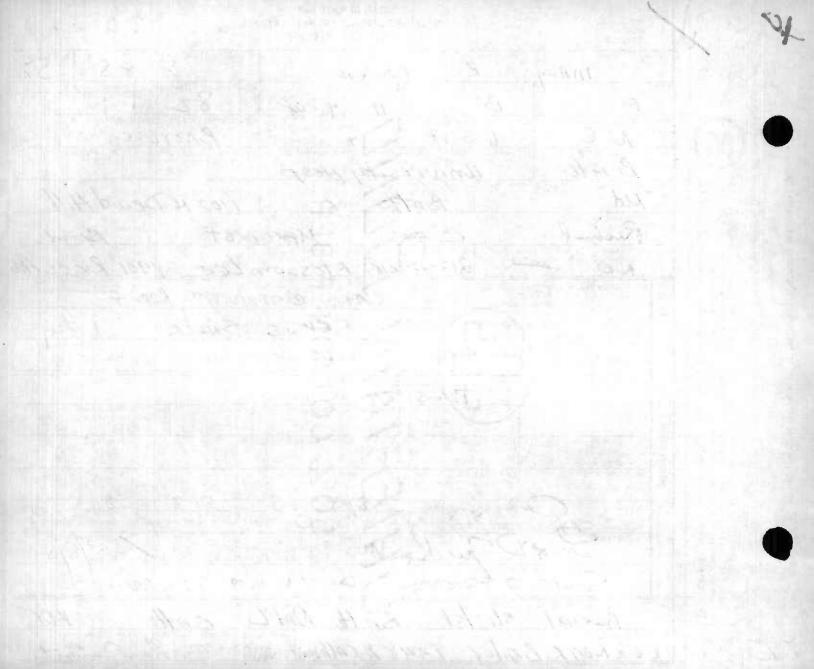
Joseph L. Russ-2222 W. North Ave

(VRA 15, 4)

STATE OF MARYLAND

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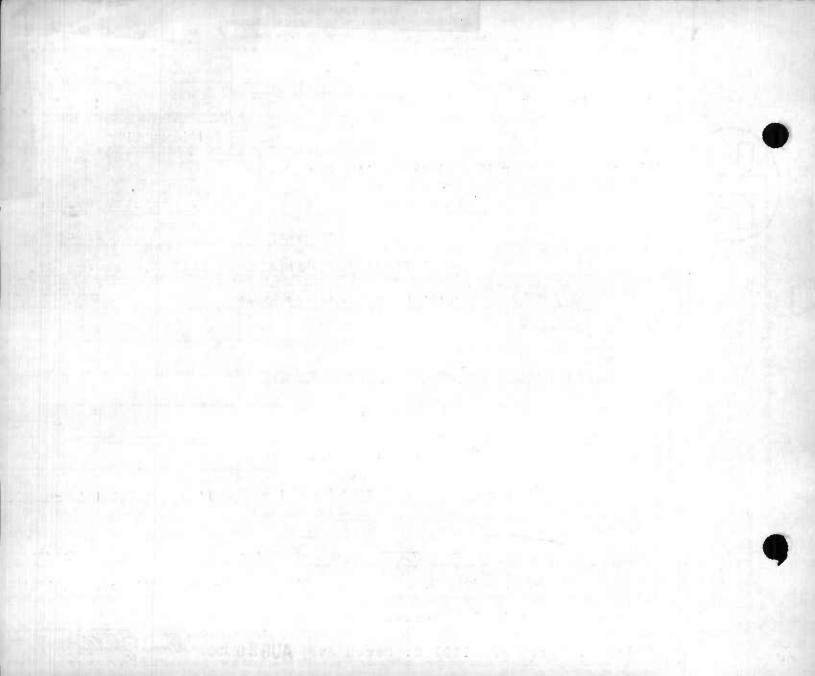
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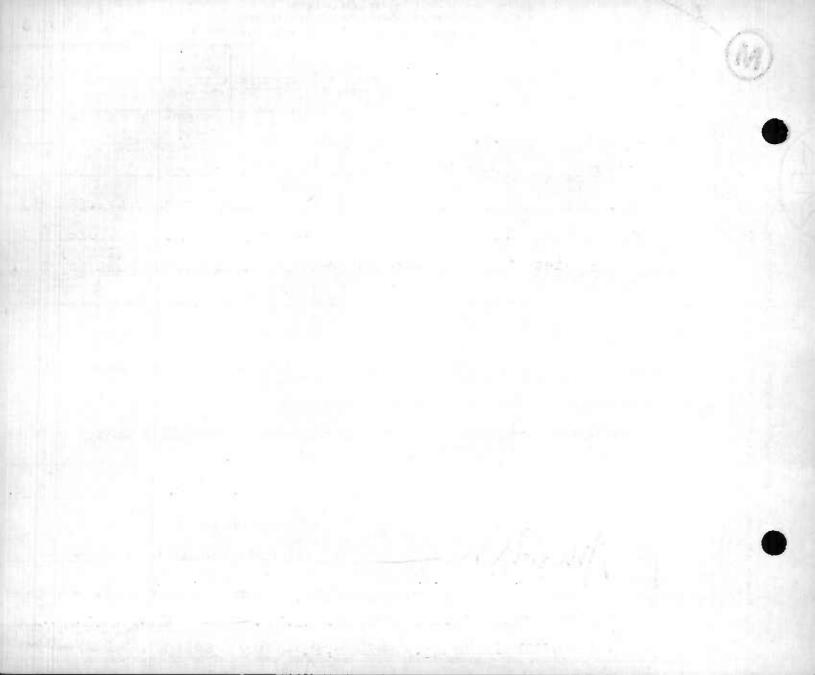
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) ESTI-Warren DEATH MATED 8 18 1981 Boyd 4. RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE 19 DAY 58 YEAR 23 VDS PRONOUNCED Male Black SIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED 1 POREIGN COUNTRY USA Baltimore City WIDOWED DIVORCED PECULE THE CERTHICAE. WRITING THE WORD." PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE REGES 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE A SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED ATTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OFFWITH RECORDS, 201 WEATHMORE. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ear 1700 block McCulloh Street FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore rear USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN Md 213 E.Lafayette Avenue Baltimore YES X NO T 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Walter Brice Boyd Sydella 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166. SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-70-2460 Sydella Boyd 1625 N. Calvert St. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Stabwounds of chest DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO F 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR AM MONTH DAY I OR UNDERLYING MEDICAL subject stabbed CONTRIBUTING CAUSE OF DEATH 18 19 81 P.M. 21e PLACE OF INJURY 21f LOCATION 21d INJURY OCCURRED AT WORK NOT WHILE STREET, FACTORY, FARM, ETC. I CITY OR TOWN street ear 1700 block McCulloh Street Baltimore 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinian Homicide X deoth resulted from: Notusal causes Actident Suicide Undetermined manner TITLE (SPECIFY) Deputy ChiefEDICAL EXAMINER ACTUAL DATE 8/19/81 SIGNATURE EXAMINER'S NAME Thomas D. Smith. M.D. 111 Penn Street, Baltimore, MD.21201 (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Balto COUNTY Mat Burial 8/21/81 Westview Mem Park 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR PREGISTRAR'S SIGNATURE DHMH-17 William C. March F/H 1101 E. North Ave VR A15 ME (5)

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2g. DATE KNOWN 2h HOUR (TYPE OR PRINT) OF ESTI-WILLIAM Carey BRADSHAW DEATH MATED 8 8 D 3 TO THE FULLERAL DIRECT.
AIN PAGE 5 FOR YOUR FILL
JUD BE FILED, WITHIN 72 HOUS
ORDS, 201 W. PRESTON STREE 3 SEX 4 RACE S DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) 8:15 PRONOUNCED Feb. 4,1949 19 81 white DEAD male D TO BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Baltimore City FILED, W. WIDOWED DIVORCED Maryland
10. CITY OR TOWN OF DEATH 124 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION FOR MOST OF WORKING LIFE OR INDUSTRY Baltimore University Hospital B. GIVE PAGES 1, 2, AND 3 TO WITH FORM PM 3, RETAIN P. T. PAGES 1 AND 2 SHOULD BE DIVISION OF WITH RECORDS, Chauffeur Taxi USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITU W. PRESTON ST., BALTIMORE, MD. 21201 13a. STATE 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 315 Pontiac Ave. (21225) Brooklyn Md14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME EMPST MIDDLE MIDDLE LAST John Bradshaw Worth Dorothy 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT (21225)(YES, NO, OR UNKNOWN) Viet Nam Yes 214-54-0971 Dorothy A. Warga, 3708 West Bay Ave 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), APPROXIMATE INTERVAL USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, DI RIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound to head (handgun) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO CERTIFICATION ICATE, WRITING THE WORD "PER FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A THE STATE DEPARTMENT OF HEA AND, 21201 PRIGNET, C 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? HE'ABY ONLY NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR AM MONTH DAY Self-inflicted. 8-27-CONTRIBUTING CAUSE OF DEATH 6 . 1 5 P.M. TO PLACE OF INJURY (AT HOME 21f. LOCATION 214 INJURY OCCURRED TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNECTOR: PAGE 35 AFTER DEATH, WITH THE STATE DEBALLIMORE, MARYLAND, 21201 PR STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK Md. Pontiac Ave. Balto home 22a. I certify that I took charge of the remains described above, held an and in my apinian Suicide X Hamicide Undetermined manner TITLE (SPECIFY) DATE Assistant MEDICAL EXAMINER 8-28-8 Dixon, M.D. 111 Penn St. (TYPE OR PRINT) **ADDRESS** 23 a BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Aug. 31, '81 CEDAR HILL CEMETERY BROOKT YN BP. 24 FUNERAL DIRECTOR 1200. DATE REC'D. BY REGISTRAR 1256. REGISTRAR'S SIGNATURE DHMH - 17 George J. Gonce, 4001 Ritchie Hgy., Baltimore, Md. (VR A15 ME (5) 15M 2/80



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Then please

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicio

ATTENDING

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DHMH-16 30M 2/80 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then p with the State Dept. of Health and Mental Hygiene priar to bu

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR								REG. NO	/.		
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3. SEX	X	4	RACE		5. DATE C		YEAR	6 AGE (IN YEA	RS LAST BIRTH	HDAY)	FUNDER I YEA	
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	ARYLAND	ter Carlot	U.S.	Α.	WIDOWE	D NEVER MARR		BALTI	MOR E	CTTY		
	ITY OR TOWN OF D	EATH 1	1. NAME OF H	OSPITAL, NURSI	ING HOME O	R OTHER INSTITUT		12a USUAL O	CCUPATIO	NC		OF BUSINES
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USUA	AL RESIDENCE (IF N		THER INSTITUTION.			Jan Barrier					14	А
	STATE AND	18b COUNT	Y	13c. CITY OR TO		13d. INSIDE CITY LI		13e STREET AL		INIC AT	CENTIE	21222
	ARYLAND ATHER'S NAME	-		BALTIMO	JKE	YES NO			NILKE	MS A	VENUE,	21223
	FIRST	_	DOLE	LAST	ou an	FIRST			MIDDLE			AST
11- 11	MICHAE:		·	BRAITS		GAI	<u>L</u>		ANN		CRO	ONAN
{Y	YES NO OR UNKNOWN		WAR OR DATES)		UKIT NO.							61.5
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STATE OF MARYLAND

	FOR			DEBA		E OF MARYLAND BEALTH AND MENTAL HYG	IEME ()	0	1	7 5 0
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	BURIAL, CREMATION, SPEC#Y) Burial	REMOVAL	236. DATE 8/18/1			EMETERY OR CREMATORY Nat'l. Cemete	23d LOCATION CITY OF TOWN ETY Baltime	coun		state Maryland
24 FI	UNERAL DIRECTOR						REC'D. BY REGISTRAR		SIGNAR	1995

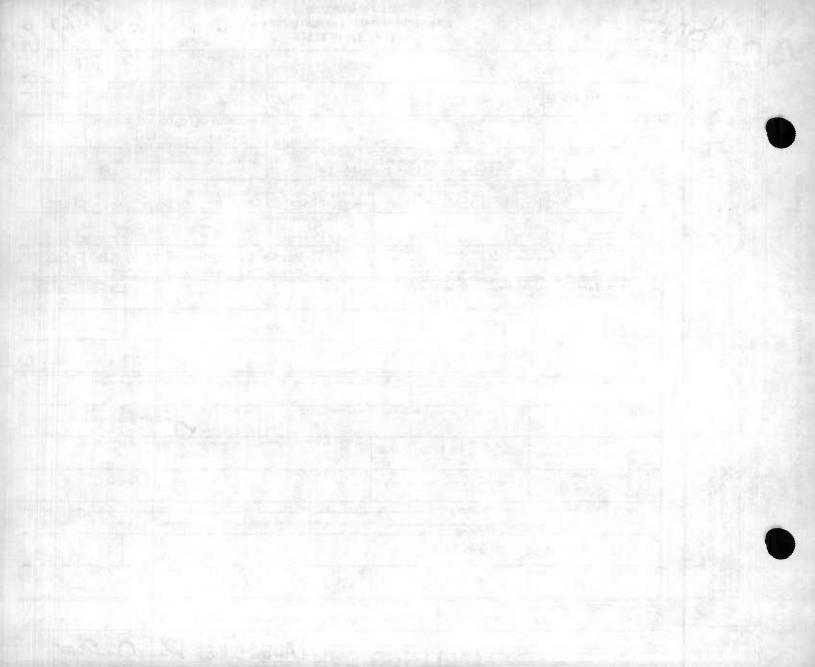
DHMH-16 25M (VRA 15, 4) 1/79

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INPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the

Walter Brooks Bradley Inc., Dundalk Md 21222

AUG 1 9 1981 Manu Quellartha



1	2 8	_		FOR - STATE REGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	0 3	9 9
(N) m #				G Brashears	LAST	20. DATE OF DEATH MONTH 08/15/8	1	26 HOUR 2:40P
G.	e 4 mm.		3 SE		1 RACE	5. DATE OF BIRTH Dec. 22, 1926	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	erol dire	39		IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	B MARRIED NEVER MARRIED WIDOWED DIVORCED	Balto City	OF DEATH	
	ofter de y the fun led within	Selfed a	10. C	BAl-timore	11. NAME OF HOSPITAL NURSIN	G HOME OR OTHER INSTITUTION Kins Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII HOME MAKER	(E) INDUSTRY	F BUSINESS OR
ND 212	24 hours	3	13a. S	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSION) N : 13d INSIDE CITY LIMITS?	13e STREET ADDRESS		vie
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AL.	by the h	ANT: # Hen		22d PHYSICIAN S NAME (TYPE	wecht mo	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	8/1	5/81
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	(VRA 15, 4)		X	farry W. Hay	ift Sykwille	md. A	JE 2 1 1981 Aug	u gan	Mary.

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

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DHMH-16 30M 2/80 (VRA 15, 4)

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STATE OF MARYLAND

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					STATE OF MARYLAND		
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ay be bage 3 death		{TYP	OR PRINT)	ABETH	BR1665	8/13/81	M. M.
may b page		3 SE	X	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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	y injury,	z	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIV	EN IN PART 1101
DIVISION OF VITAL RECORDS, IDING PHYSICIAN: The law rec strending physician. After this certificate has been si s: the burial-transit permit. Then lith and Mental Hygiene prior to	ue sy	CERTIFICATION	190 DATE OF OPERATION	TIPL CONDITION FOR WE	ICH OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
The The rep	shows	5	11/A	THE CONDITION TOR WI	TOTAL TOTAL TOTAL TENTON MED	IN CERTIF	YING CAUSES OF DEATH?
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VITA CLAN Sician. tifficat ansit p	Tem 4	Ü	210 ACCIDENT WAS UNDERLYING			CURRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
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show with	<u> </u>	23a	BURIAL, CREMATION, REMOV	AL 236 DATE	134 NAME OF CEMETERY OR CREMATO	RY 23d LOCATION	
10 L 38P			SPECIFY) BURIAL	8/15/01	BOHEMIAN NATH	CITY OR TOWN	COUNTY STATE
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DHMH-16 2			NAME	ADDRESS		110	C
(VRA 15, 4)	1/79		J. L. CONN	"ELLY 30	O MACE A	UG 27 1981	Ve Wed

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	y be	1. DECEASED (TYPE OR PRINT)			W.	3	inter Briney	20. DATE OF DEATH		3-81	HOUR 2 AM
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	de de		ryland	USA		WIDOWE		City			MD.
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	Com		ard H. Bri		166 SOCIAL SEC	LIDITY NO	Cessie B.	Grace	PESS -		
BALTIMORE	ond ond ages			IVE WAR OR DATES)				Havre	e de Gr	ace,Md.	21078
NE I	e be		JSE OF DEATH (Enter of				Willard H.Br	iney Box 7	23, Robi	n Hood I	Road.
DS, 201 W. PRESTON ST	requires that the death certi- n signed by the attending p. Then please remove corbon raburial, cremation, or rem injury, or ather traumatic ev-	gave couse under	tions, if any, which rise to immediate (a), stating the ying couse last.	(b)	OR AS A CONSEQUENCE AS A CONSEQUENCE OF A CONSEQUENCE OF AS A CONSEQUENCE OF	Lic C UENCE OF	iver diseas		DUDITION GIVE	EN IN PART 1(0)	
AL RECORDS	he low in has been priored particular permit.	19a. DA	E OF OPERATION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	, WERE FINDING YING CAUSES C	GS USED OF DEATH?
DIVISION OF VITAL	PHYSICIAN: T ending physicis this certificate te burial-transit ad Mental Hygi d ar Item 18 sh		TRIBUTING CAUSE OF DIER NOTIFY MEDICAL EXAMINI	CATH	DF INJURY .M. MONTH I .M.	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART 1 OR PART 2)	1.00
IVISION	ING PHYSIC r ottending After this cer as the buric lith and Meni	WHILE AT WORK	URY OCCURRED NOT WHILE AT WORK	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE	. FARM, ETC.)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	R ATTENDIP hospital or RECTOR: Al red for use pt. of Healt	sav	rtify that (I) (this hasp the deceased alive o ave, (I) (we) (did) (did n	8-23	19	87. an	d that in (my) (aur) apinion	, ta <u>\$ - 2</u> n death accurred on the		19 <u>8</u> , the rand from the co	ot (I) (we) lost
	OR he he ho coche; Deprise Deprise Hitter		Cisha	4			ATTENDING PHYSICIAN	MEDICAL ST		22c. DATE SI 8/23/	87.
	TO HOSPITAL retained by 11 TO FUNERAL should be det with the State IMPORTANT:	22d. PH	YSICIAN'S NAME (TYPE	HAH			ST. AGN	ves Host	ITAL,	BALTI	MORE
	E E F W > E	230 BURIAL, (REMATION, REMOVA			NAME OF C	METERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	BP	E	urial	8/26/	1981 St	. Paul	s Lutheran	Aberdeer			Md.
4	DHMH-16 30M 2/80	24 FUNERAL					250. DA	TE REC'D. BY REGISTRA			
Keh	(VRA 15, 4)	Tarrir	g Funeral	Home, P. A	A., Aberd	een, Md	21001-3399	UG 2 6 1981	Many	L. Janes	1 and

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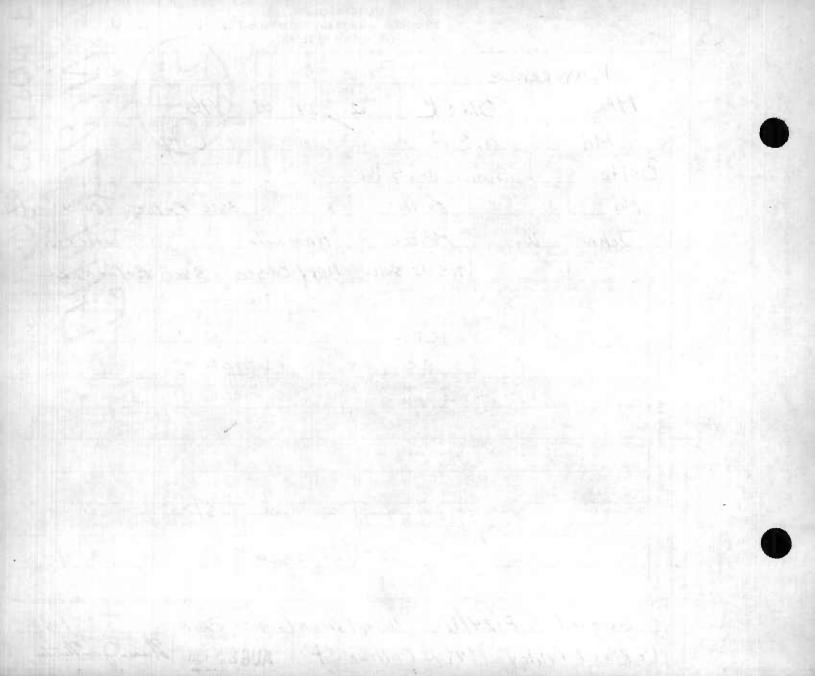
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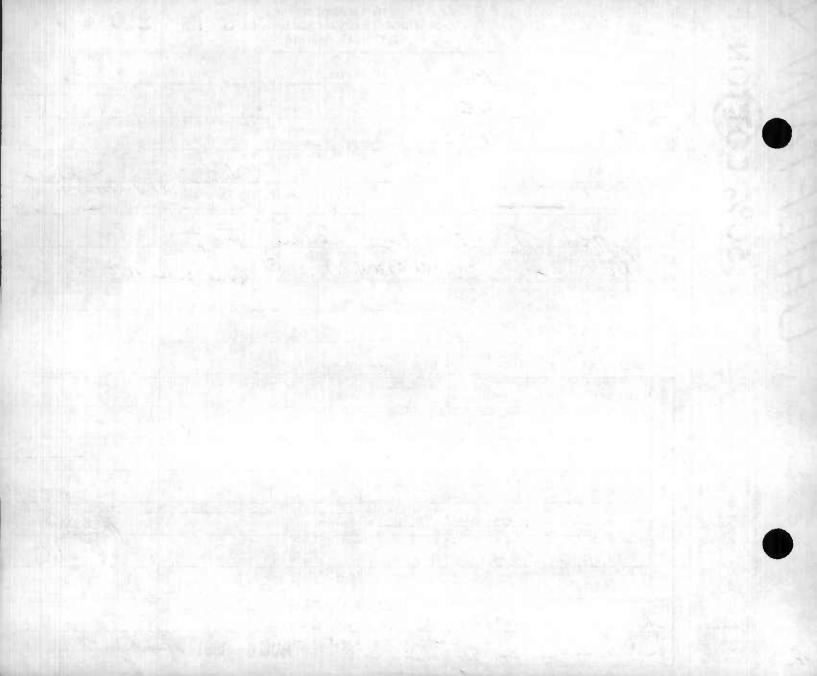
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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	FOR			DEPARTMENT OF H	SEALTH AND MES	NTAL HYGII	ENE O	6	U	0 0
	- STATE REGISTRAR				ICATE OF DEA					
	I. DECEASED NAME		MIDDLE		LAST		REG. N			
	(TYPE OR PRINT)	FIRA			LAST		2a. DATE OF DEATH	MONTH DA	YEAR 2	HOUR
	Edwa:	rd Bro	mwell, S	r.				8 4	1811	5:40 PM
	3. SEX	4. R/	ACE	5. DATE (OF BIRTH		AGE (IN YEARS LAST BIR	THDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
			I have been	MONT		YEAR	60		ONTHS DATS	HOURS MIN.
	Male To BIRTHPLACE (STATE OR		Cau.	1	31	19	62	YRS		
9	COUNTRY)	FOREIGN /b. C	TITIZEN OF WHAT C	MARRIE	D NEVER MAR	RRIED -	BALTIMORE CITY			
1	Мд		IISA	WIDOW			Bal	to Ci	ty	MD.
	10 CITY OR TOWN OF DEA	ATH 11.	NAME OF HOSPITA	L, NURSING HOME	OR OTHER INSTITU	TION	120 USUAL OCCUPAT		126 KIND OF	BUSINESSOR
5	Balto.	100	he Johns	GIVE STREET ADDRESS) Hopkins	Hospit	:a1	TTYPE OF WORK FOR MOST O			rod.
	USUAL RESIDENCE (# NURS				HODPIC	1	Tavern O	wiler	Reti	red
	130. STATE	13h COUNTY		Y OR TOWN	13d INSIDE CITY	LIMITS? 1	13e. STREET ADDRESS			
2	Md.	Balto). B	alto.		× ×	12 Shadowl	rook :	Rd. 2	1237
j	14 FATHER'S NAME				15 MOTHER'S M.	AIDEN NAM	E			
1	FIRST	MIDDL	_	LAST	FIRS		MIDDLE		LAST	3
-	Samuel 160 WAS DECEASED EVER	V.		omwell		ra	ADDRI	·cc	1 7 L	oyd
2	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR		CIAL SECURITY NO.	17 INFORMANT		ADDKI		12	
	Yes	W.W.	II 215	-03-6407	Mrs. M	ildre	ed Bromwe	11 S	hadowbr	ook Rd
	18 CAUSE OF DEAT	H Enter only on	e couse per line for i	(a) (b) and (c)					APPROXIMA	ATE INTERVAL
	PART I. DEATH W	VAS CAUSED BY	500	~ ic					BEIWEENON	SETANDUEATH
	1 . 00	IMMEDIATE CA	USE (o)	212					4 (ays
	1087		DUE TO, OR AS A C	ONSEQUENCE OF					.~	
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	gove rise to ima	and Albert of	DUE TO OR AS A S	ONICE OF THE OF						
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	Z PART 2 OTHER SIGI	NIFICANT CONL	DITIONS CONTRIBU	ITING TO DEATH BUT	NOT RELATED TO	THE TERMIN	VAL DISEASE OR CON	DITIONGIVEN	V IN PART 110	
	190. DATE OF OPERA									
2	MINO DATE OF OPERA	NOIT	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	20b. IF YES,	WERE FINDING	S USED
	E						YES NO	YES	ING CAUSES O	NO T
7	21a ACCIDENT WAS UNI	DERLYING T	216. TIME OF INJURY	Υ	121c HOW INJUR	Y OCCURRE	D (ENTER NATURE OF INJU	.20	-	
	On COLUMNIA I	CAUSE OF DEATH	HOUR A.M. MC	ONTH DAY YEAR			CENTER ANTONE OF 11930	THE HEALTH AND THE	, t Ok Paki 2)	
1	(IF EITHER NOTIFY MEDI		P.M.	19						
	(IF EITHER NOTIFY MEDI		21e. PLACE OF INJUI		211 LOCATION		CITY OF TO	WN	COUNTY	STATE
	AT WORK NOT WE	HILE	A. HOME STREET, PACTO	on, office farm, ere ;			,			
	22a.1 certify that (I)		ttended the decens	ed from 1112		0 81	10 5175	Ó 10	18	ot (I) (we) lost
					nd that in (my) (au	r) opinion de	oth occurred on the di	to and hours	V I	
	obove, (I) (we/(c	did) did not) vie	w the body after dec	oth	-	T opinion de	om occorred on the di	ore one noor c	and from the co	nses stored
	22b. SIGNATURE	11	an lin	A 4	DEGREE				220 DATE SIG	GNED
0		N	MUX	UN		NDING SICIAN	MEDICAL STAI		8/6	26187
	22d. PHYSICIAN'S NA	AME (TYPE OF PRIN	(i) (A		22e ADDRESS	1	41 / 1	131	20	200
	400	A1DY	S16 V	1/1/30	Estate 1	VIALAC	Hishir	TOC 1	attent 18	Sell+1.50
	1110	1101	101			PMMI	mille	1021	1100	THE WAR
	230 BURIAL, CREMATION,	REMOVAL 23	b. DATE	23c NAME OF C	EMETERY OR CREA	MATORY	23d LOCATION	1	COUNTY	57475
	Burial		8-29-81	Morel	and Cen	1	Balto		Balto.	Md.
	24 FUNERAL DIRECTOR		7 23-01	HOLEI	and cen	250. DATE	REC'D. BY REGISTRAR			I.u.
	NAME Toba C	M : 11	Tna C	ADDRESS	m D-1	ALIO	20 4004	1	Va 9	athen.
	John C.	miller	Inc. 64	FTD ReTg1	rr Ka.	AUID	40 1901 6	PANCES	Heart 1	No Albanda

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26		1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE 👸 🕯	20407
		1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	ge 3 ge 3 eoth	(1117	Amelia	M.	Brown		08 04 81 1 14 AM
	5	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	(MA)		Female	White	MONTH DAY YEAR	66	YRS.
	رة الله	Jer Bl	RTHPLAGE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUN	TRY? 8 MARRIED NEVER MARRIED		OR COUNTY OF DEATH
	\$ 2		hel.	4-S.A-	WIDOWED DIVORCED	Baltimor	e City MD.
01	by the filled with	-	altimor, Mcl.	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE: MERCY HOSP	URSING HOME OR OTHER INSTITUTION STREET ADDRESS)	TYPE OF WORK FOR MOST	
AND 2120	24 havr	130.5	AL RESIDENCE (IF NURSING HOME OF STATE 136 COURT	OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION	13e. STREET ADDRESS	168 S. Saca St.
YLAI	thin trely fi		THER'S NAME	<u> </u>	15 MOTHER'S MAIDEN	CALLED A CONTRACTOR OF THE CALLED AND ADDRESS OF THE CALLED AND ADDRES	11 Nursing Home 11230
MAR	Po John 3500		FIRST	MIDDLE	Mes arias	The COLE	LAST
ui	L SO L		VAS DECEASED EVER IN U.S. AR	RMED FORCES? IM SOCIAL	ECURIPINO 17 INFORMANY	ADDR	ESS 2/123
BALTIMOR	n one exe	,	NO (IF YES, GIV	2/6-05	8730W. Guna	Schones	be 1150 largent It.
BALI	hysicio		18 CAUSE OF DEATH Enter or	nly one couse per line for (a), (b	o , and (c .)	00	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
S.	g phy an po		PART I. DEATH WAS CAUSE	TE CAUSE (0) Cardiop	ulmonary Arrest		
ON	th ce carb		2507	DUE TO, OR AS A CONS	EQUENCE OF		
RES	deo otto otion roun	10	Conditions, if ony, which	(b) Probe	ble sepsis and Aspira	ution	
W. P	that the l by the case rem ol, creme		cause to immediate cause to immediate the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF		
RDS, 20	signed to burio	NO NO	PART 2. OTHER SIGNIFICANT OF DIA beles Hellitu	conditions contributing	TO DEATH BUT NOT RELATED TO THE TE	erminal disease or con	NDITION GIVEN IN PART 110
1 RECORDS	on. bos bee permit. ene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL	HYSICIAN: The riding physicions is certificate buriol-transit Mental Hygie or Item 18 sho	CER	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCC	URRED (ENTER NATURE OF INJU	
9	SICIAI ng ph certifi uriol-tr tental	AL	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR		
O N		MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION	CITY OR TO	OWN COUNTY STATE
10/15	or after the cost the although marked	5	AT WORK NOT WHILE	(AT HOME STREET, FACTORY, OF	FICE FARM, ETC.)		
_	NDII ol or use use tealt		220.1 certify that (1) (this hospi		0.1	, to 08 -	17
	ATTE Spito CTO d for a for n 21		saw the deceased alive an above, (1) (we) (did) (did no	08 - 04 st) view the body after death.		on death occurred on the d	late and hour and from the causes stated
	OR A he hos DIREC oched Dept. If Item		22b. SIGNATURE	00	DEGREE	MEDICAL STA	224 DATE SIGNED
-			Mary	and I m	PHYSICIAN		
	TO HOSPITAL etoined by t TO FUNERAL should be del with the Stote		22d. PHYSICIAN'S NAME (TYPE O	CARROLL	22e ADDRESS MERCY	HOSPITA	L BALTO, MD.
7/0	P = 2 = 3 =	23a. E	URIAL, CREMATION, REMOVAL	23b. DATE &-7-1981	234 NAME OF CEMETERY OR CREMATOR	23d LOCATION CITY OF TOWN	COUNTY STATE
2	DHMH - 16 50M 1/81 (VRA 15, 4)	12	INTERAL DIRECTOR	Inc. 90, Dage		DATE REC'D. BY REGISTRAN	REGISTER'S SIGNATURE
The	(1	101 000		4 100	



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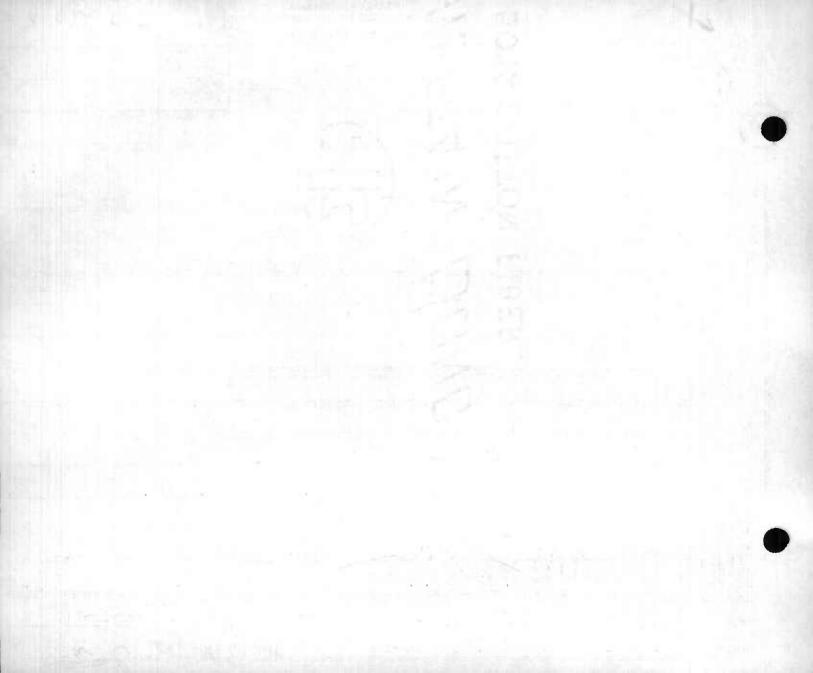
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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	ore lesion	Carefus Pacits	10/270
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1	FOR				DEPART			MARYLAN H AND MI		YGIEN	F		2	0	64	U
1.	STATE REGISTRAR			MEI	DICAL	EXAMI	NER'S	CERTIFIC	CATEO	F DEĂ	TH	REG	NO.			
	CEASED NAME	FIRST			WIDDLE			LAST			2c. DATE	KNOW		нтиом	DAY	YEAR
(TYI	E OR PRINT)	KEITI	Н				RE	ROWN			OF	ESTI- MATED	_	8	13	, 81
3. SE	(4 RACE	5. DATE	OF BIRTH	1.3		EARS IF U		IF UNDER	24 HRS.	2c. DATI	Ē		HTMO	DAY	YEAR
_ m	ale	noaro	MONTH	10	YEAR 59	22	YRS.	THS DAYS	HOURS	MIN.	PRONOU DE AI	NCED		8	13	, 81
In B	RTHPLACE (51	negro		ZEN OF WI			8				9. BALTIA	AORE CI	TY OR C			
FC	aryland			USA			WIDOV	NED X NE	VER MARRI DIVORC		Dali	imar		: +		
	TY OR TOWN	OF DEATH	11. NA/		PITAL, NU	RSING HOM		HER INSTITU			AL OCCL	I MOT				D OF BL
	Balti	more	1.1			Hospit				FORA	NOST OF WO	RKING LIFE)			OR	INDUST
13c. S	AL RESIDENCE TATE	(IF IN NURSING HON	WE OR OTHER IN		13c. CITY	OR TOWN	SION)	13d INSIDE C			ET ADDR					
	ryland				Bal	timore	9	YES X	NO 🗆	-	3 W.	Lanv	ale	St	reet	
	ATHER'S NAME		MIDDLE			LAST		15. MOTHE	R'S MAIDE	EN NAME	,	MIDDLE			Ł	AST
	Walter				Robi				anita	l		,		Pa	arha	m
()	ES, NO, OR UNKNO	D EVER IN U.S. A	ARMED FOR			CIAL SECURI	ITY NO.	17. INFORA				ADDR				
	OV.		10000			N/A		Walte	r Rob	pinso	n 923	3 N.	Bro	adwa	зу	
	18. CAUSE O	F DEATH (Enter	only one co	use per line	for (o), (b)), ond (c).)				100	1				BETW	ROXIMATI
-	gove ris	ns, if ony, which is to immedia stating the under see lost.	ich ote	(b)		NSEQUENCE										
Z.	gove ris couse (o) lying cou	se to immedio stoting the <u>unde</u>	ich ote er-	(b) OUE TO, OR	AS A CON	NSEQUENCE	OF	SE DR CONDITIDI	N GIVEN IN PA	RT 1 (a),						
ATION	gove ris couse (o) lying cou	se to immedia stating the <u>underselast</u>	ote er- DNS CONTRIBUT	(b) DUE TO, OR (c) ING TO DEATH	AS A CON	NSEQUENCE	OF	SE DR (ONDITIDI		RT 1 (a),					20 AI	UT OPSY:
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	STATE OF M	ARYLAND	
DEPARTMENT	OF HEALTH	AND MENT	AL HYGIENE
400			

CERTIFICATE OF DEATH

REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) Lottie Brown 8 13 81 3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS 2 DAY 1908 YEAR 73 black Female BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY Maryland USA Baltimore City, WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR OT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Baltimore 1814 Ashland Avenue DOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore 13. STREET ADDRESS 1814 Ashland Avenue 136 COUNTY 13d INSIDE CITY LIMITS? Maryland YES X NO F 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Isiah Brooks Edwards Hattie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS IVES NO OR LINKNOWN (IF YES, GIVE WAR OR DATES) 217-07-0637A No Carrie Smith 1422 N. Bethel Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) PART I DEATH WAS CAUSED BY 4-611 Canditians, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

811/81	Biopsy for pulle
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.
21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, FARM E

paical tracture 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) YEAR

19 211 LOCATION

CITY OF TOWN COUNTY STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

	above, (I) (we) (did) (did	not view	the b	ody	atter	Ċ
Ъ.	SIGNATURE	1				Π
	me	-3		Do		7

220.1 certify that (1) (this haspital) attended the deceased from

ATTENDING PHYSICIAN P

MEDICAL DIRECTOR PHYSICIAN

and that in (my) (our) apinion death occurred on the date and hour and from the causes stated

20a AUTOPSY?

22t. DATE SIGNED

22d, PHYSICIAN S NAME THE OFFINE

saw the deceased alive on.

190 DATE OF OPERATION

23c. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

DEGREE

22e ADDRESS

undalk Aue, Baltimore Md 2122

Baltimore, Maryland

Burial 24 FUNERAL DIRECTOR

(SPECIFY)

23a BURIAL, CREMATION, REMOVAL

CERTIFICATION

MEDICAL

Hem 18 s

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MPORTANT:

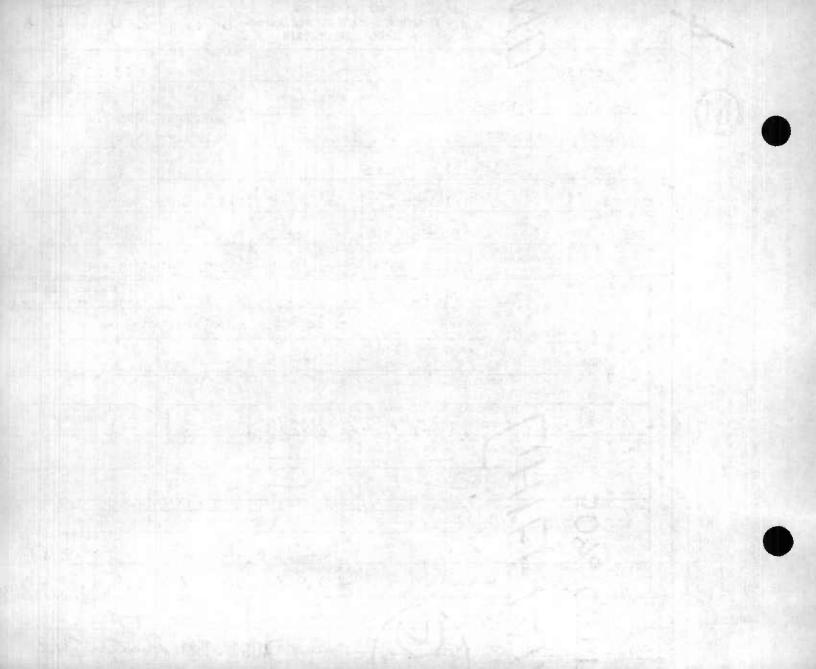
STATE

William C March F/H 1101 E. North Ave

8/18/81

23b. DATE

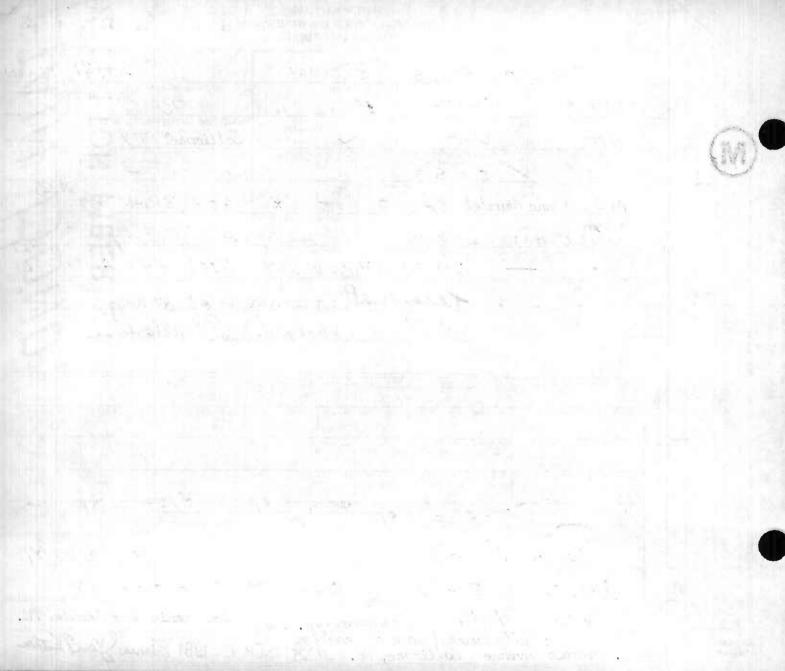
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						SIAI	E OF MARYLAND				-	8 5
601	1.	FOR STATE			DEPAR		EALTH AND MENTAL H	YGIENE 8	- 1	2	0 4	
		REGISTRAR							REG. NO			
m.s		CEASED NAME	FIRST	N	AIDDLE	Torial	AST	2a. DATE	OF DEATH W	NONTH DA		2b. HOUR
ay be coge 3 death		Stew	vart			Brown				8/-	18-81	10 Pm
E 0 5	3. SE	X	-	4 RACE		S. DATE (& AGE (IN	YEARS LAST BIRTH	(DAY)	FUNDER I YEAR	IF UNDER 24 HRS
4 92-		Male		White		MONT	1-22-1906	74	,	YRS.	ONTHS DATS	HOURS MIN.
Page (M)		IRTHPLACE (STATE OR FO	REIGN	76. CITIZEN OF V	WHAT COUNTR	Y? 8.	XX		ORE CITY OR	COUNTY	OF DEATH	
death.		faryland		U.S.A		WIDOW		Ba	ltimore	≥ C	ity	ALD.
~ ~ ~ 70	, 10. C	ITY OR TOWN OF DEAT	Н	11. NAME OF H	OSPITAL, NURS	ING HOME	ROTHER INSTITUTION	12a USUAL OCCUPATION 12b. KIND OF			F BUSINESS OR	
五 中	1 P	Saltimore	7.5	Union	Memeria	et address)	ital		yer	WORKING LIFE)		vate
212 A in d in be in	USU 130.	AL RESIDENCE (IF NURSIN	G HOME OR	OTHER INSTITUTION	130. CITY OR TO	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	112 CTDEE	TADDRESS			
LAND 21:) I	Maryland			Baltimo	re	YESXIX NO	5711	Falls	Rd 27	1209	
RYLA within within within	14 F	ATHER'S NAME				71,51	15. MOTHER'S MAIDEN					
MAR pumplet and a	0	George		wart	Brown		Susan		MIDDLE		Mort	
E, A	16n \	WAS DECEASED EVER IN	-		16h SOCIAL SE	CURITY NO	17 INFORMANT		ADDRES	S	11010	,011
IMORE,				WAR OR DATES)	216-01-		Christine T	Drozza	5711 E	0110 1	2120	10
LTIA LTIA iian irs. P							CHLISCINE I	DLOWII	DITT L	alls r		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours of attending physician. After this certificate has been signed by the attending physician and completely filled in by as the burial-stransit permit. Then please remove carban papers. Pages I and 2 should be filled than Mental Hygiene prior to burial, cremation, ar removal. and Mental Hygiene prior to burial, cremation, ar removal.	9	18 CAUSE OF DEATH PART I. DEATH WA	(Enter onl	y one couse per	line for (a), (b),	and (c).)	a)					MATE INTERVAL ONSET AND DEATH
ST.	1			E CAUSE (0)	adrope	umena	y arest				86604	ids- munks
W. PRESTON ST not the death certi by the attending p sse remove corban c, cremation, ar rem		1991		DUE TO, OF	AS A CONSEC	UENCE OF	0					
PRESTON the death the ottendi	-	Conditions, if any,		(b)_	Yaller	ranu	1					
. P.R. the remo		gave rise to imme cause (a), stating	the	DUE TO, OR	AS A CONSEC	UENCE OF						
that that I by I sease al, cre		underlying couse	lost.	(c)_							4	
S, 201 jires th gned en plec burial	1.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1101										
PRDS, ?	ō	Hypertalenna										
I RECOR	CERTIFICATION	190 DATE OF SPERATH	ON	18 CONDI	DON FOR WHIC	H OPERATIO	N WAS PERFORMED	70s. AU	OPSY?	20b IF YES,	WERE FINDIN	GS USED
TALRE The la sicion.								YES []	NOR	YES		NO.
SION OF VITAL PHYSICIAN: The ending physicio this certificate h to buriol-transit and Mental Hygie d or Item 18 sho	, W	The ACCIDENT WAS UNDER		215 TIME OF		DAY YEAR	214 HOW INJURY OCCI	URRED LEWISH	ATUM OF INIUMY	IN HER TH PAR	(CREARIES)	THE DOMEST
SICIA SICIA Ding ph certification	¥.	OF CONTRIBUTING CA		PA PA	. /	10						
HYS Iding of the or the	MEDICAL	714. INJURY OCCURRE	0/	714. PLACE		1	711 LOCATION	200	EIH GRIOW		COUNTY	STATE
DIVISION OF VI	Z	ATWORK D NOT WHE		FAT HOW. LITE	ACTORY, OFFIC	E PARM, ETC.)	STREET,		01.	04	0	Market .
O O O E	10	22a.1 certify that (I) (t	this hospit	ol) ottended the	deceased from	3	13 10 8	1 10	8/1	B 11	0	that (I) (we) last
OR ATTEN te haspital DIRECTOR: ached for us Dept: of He	4.0	sow the deceased	slive on_	648	19	8	nd that in (my) (aur) apinis	on death occur	red on the dot	e and hour		4.0 4 . 1
OR AT DIRECT Coched f Dept. of		2%, SIGNATOR	d) (did not	view the body	ofter death.		DEGREE				771. DATE	SIGNED
AL OR A. v. the hass tal DIREC detached at Dept.	(100/	100	x /h	110	N	ATTENDING	MEDICA	L STAFF	~	8	18/81
ERAI Stat	-	22d. PHYSICIAN'S NAM	ME TYPE OF	DODINITI	0		PHYSICIAN 22e ADDRESS	DIRECTO	R PHYSICIA	AND	17	0
HOSPI sined b FUNE build be build be sould be	4.3	DX . C.	1	~ 1	N Or	0		00	1	Mac		
TO HOSPITAL Cretained by the TO FUNERAL Established be detained by with the State Elimportant; if		DANIE	1	1 1	AL W	y -	UNIONN	remor		1105	PITH	
		BURIAL, CREMATION, R	EMOVAL	23b. DATE		. NAME OF C	EMETERY OR CREMATOR	Y 23d. LOC	TY OR TOWN		COUNTY	STATE
27/3 BP		remation		8-19-8	1 (Greenmo			ltimore			Maryland
DHMH-16 30M 2/80		UNERAL DIRECTOR			ADDRESS			ATE REC'D. BY	REGISTRAR 2	Sh. REGISTR.	AR'S SIGNAT	URE
(VRA 15, 4)		Mitchell-Wi	iedef	eld Hom	e 6500 '	York Re	1 21212	SAN Y T	1961	Mare	Lan-	low - m

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16	FOR	STATE OF MARYLAND	HYCIENE G 1 2 0 4 1 2
(h)	1 - STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.
	DECEASED NAME FIRST TYPE OR PRINT)	MA FARIE RROLUNI	20 DATE OF DEATH MONTH SAY 125 HOUR
after de	SEX EFMALE	4. RACE S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (INYEARS LAST BIRTHDAY) AGE TO MORE THE CAYS HOURS MANAGED TO MANAGED THE CAYS HOURS MANAGED THE CA
83	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	
143	Balti were	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	
g plno		OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) JATY 13c. CITY OR TOWN YES NO SE	S? 13e STREET ADDRESS 21225
_	FATHER'S NAME FIRST	MIDDLE LAST 15. MÖTHER'S MAIDEN FIRST ALA	
	O. WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NEW WAR OR DATES) 212-30-6681 BEVERL	1 ROOT 7711 GUNTHERPL.
Then please remove carbo ta bunal, cremation, ar re njury, ar other traumotic e		DUE TO, OR AS A CONSEQUENCE OF (b) With intrabelos DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
permit. ne prior ws any	19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
-//	0.0000000000000000000000000000000000000	HOUR A.M. MONTH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
alth and Me marked or It	OR CONTRIBUTING CASSE OF LEGISLATION OF CONTRIBUTION OF COURSE OF LEGISLATION OF COURSE OF CONTRIBUTION OF COURSE OF CONTRIBUTION OF COURSE OF COU	THE PLACE OF INJURY (AT HOME STREET, PACTORY, OPECE, PARK, ETC.)	CITY OR TOWN COUNTY STATE
of Health	saw the december allower	pital) attended the deceased from	nian death accurred an the date and hour and from the causes stated
detached for the Dept. of T. If Item.	22b. SIGNATURE	DEGREE ATTENDIN PHYSICIA	NG MEDICAL STAFF
the St	22d. PHYSICIAN'S NAME (TYPE		3001 S. HANOVER ST
or show	30. BURIAL, CREMATION, REMOVE Burial	8/31/81 Glen Haven Mem. Pa	Glen Burnie Anne Arundel Md.
50M 1/76 5 (4))	1. FUNERAL DIRECTOR Mc (237 E. Patapsco	ully Fineral of Brooklyn 150	SEP 1 1981 Prances Sen Northern



STATE OF MARYLAND

TEROTHY S. S. A GURDON With Author 11, 1995 mel ou Cic months = V Bultimohe H4 E. Rand St., Act. 710 Maryland Salvinors x & E. Sand St., Agt. 115 C. Campa 4114 Fishishi Fi. William A. Schuninger Ella oco eo egas Paul R. Sundon, Un. Darlington, V. Dr. John W. Bowis, M.D. 500 W. University Prov., Ealto., Val.

8/7/81 Enuid Pies Pionavillo, Aud.

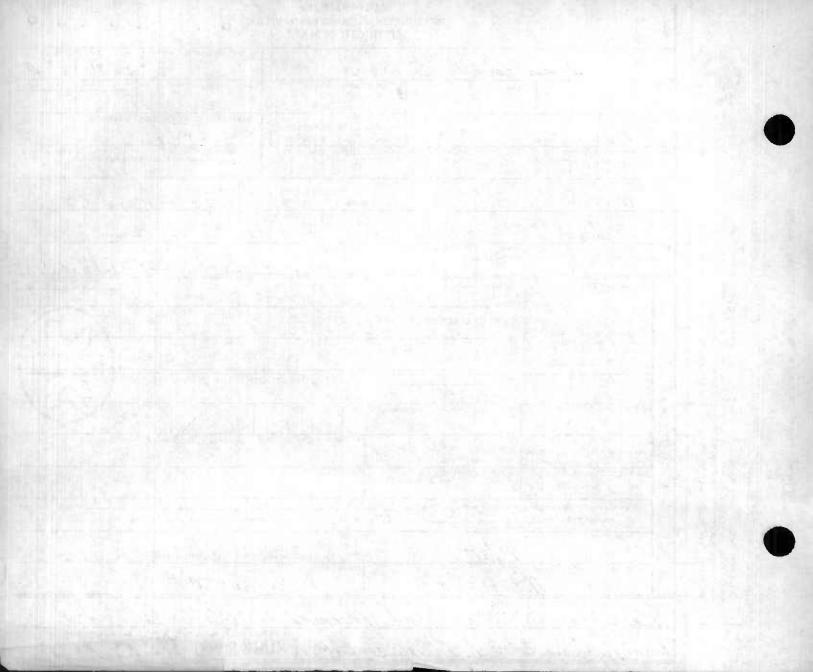
Burish 8/7/81 Exuid Piqs Penry V. Jankins E Sons Co. 49/6 Yerk Ross Balto., Nd. 21218

1. 0	FOR STATE REGISTRAR DECEASED NA	ME	FIRST		MEDI	CALE	XAMIN		CERTIFI	CATE		20. DATE	REG.	☐ MC	О	DAY	YEAR	7b. HOU
3. S	EX	4. RACE		orge 5. DATE OF B	BIRTH		6. AGE (IN YE LAST BIRTHD		Bur		R 24 HRS.	DEATH 2c. DATI PRONOU	E	MO	NTH NTH	DAY	YEAR	2d HO
7a	ale BIRTHPLACE FOREIGN COUNTRY	Whit		76. CITIZEN C	17 OF WHAT	COUNT	60 Y	RS.	IED NE			9. BALTIA	AORE CIT	-		OF DE		3:1 AM
	CITY OR TOWN		4	11. NAME OF	S.A FHOSPITA	AL, NUR	SING HOMI	wibov or oth	ER INSTITU	DIVOR	12a US		PATION (26. KIND OR II	OF BU	SINESS
₩S(13a.	JAL RESIDENCE STATE Md	113	NG HOME OR	OTHER INSTITUTE	ION, GIVE RE	SIDENCE B			13d. INSIDE	CITY LIMITS?		1738	ESS Dur	ncar	n 9	+	N	
14.	FATHER'S NAM	ΛE		MIDDLE		ı	AST		15. MOTH	ER'S MAID	EN NAME		MIDDLE	· · · ·		LAS		
	WAS DECEAS (YES, NO, OR UNK) Jnkn.	NOWN) (I	F YES, GIVE W	ed FORCES? AR OR DATES) ane cause pe BY:		579-	AL SECURIT	870	17. INFOR	MANT			ADDRE	SS				
NOI	lying co		onoitions <u>co</u>	(c)_ Ontributing to	OE ATH BUT I	NOT RELAT		INAL DISEAS			ART 1 (a),						-	
RTIFICAL	190. DATE C						/HICH OPER									YES	TOPSY?	NO [
MEDICAL CERTIFICATION	21a. EXTERN UNDERLYIN CONTRIBU	IG OR	USE OF DE	HOUR	P.M.	ONTH	DAY YEAR		CATION	Y OCCURR	ED LENTER	NATURE OF IN	JURY IN ITEM	18 PART I	OR PART	2)		
ME	WHILE AT WORK	NOT W	HILE		ET, FACTORY,				STREET			CITY OR TO	IWN		COUP	4TY		STATE
	death resu	ilted fram:		of the remain		ed abav cident		Autap icide	, Hami	Inspection cide	Undet	Inquiry ermined m	anner		ny apir		3/1/	81
?	EXAMINER'	RINT)	11		Horm		. Gua			111 1	Penn	Stree				212	201	
		Remov	-		4/81		AME OF CEA	AETERY C	R CREMAT			OR TOWN			COUNT			ATE
24	FUNERAL DIRE	omy I	Board	a F	ODRESS	Bal	to.,	Md.		250. DATE	REC'D. BY		AR 25b. RE	GISTRA	R'S SK	MAJUR	Cloren	1500

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

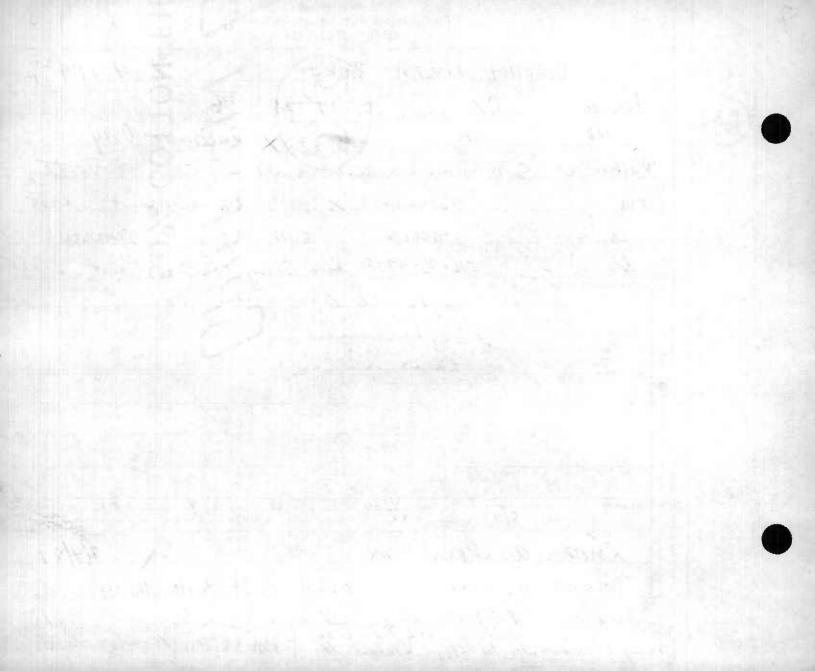
MINESET C. ESSEKS - LEVEL N. 1811 Vale Living Jr. 11, 3023 Living Rein Nincia U A U Saltinor Sign Ellippore i Cas Place Aph. 42 Accounted U.S. Marylant Saltimore & 1 Dak Place & 2 Thomas - Burns - Unknown 218 44 3048 NAts. Ann W. Bunns THE REPORT OF THE PARTY OF THE Dr. J. Divon Hills, M. D. 3501 St. Paul St., Balto., Md. Euril 8/26/81 Could Figgs Figsville, 200 Mdl. Harts W. Jonains & Sons Co. arcs Yar's Ford Balto., Add. 21212 ... Landing .. Billing



2	FOI 1 - STA	TE		STATE OF MARYLAI	MENTAL HYGIENE IFICATE OF DEATH REG. NO. 10. DATE KNOWN SOFE ESTI- DEATH MATED VR. IF UNDER 24 HRS. ROUNS MIN. PRONOUNCED DEAD NEVER MARRIED DIVORCED DIV	2 0	4 1	1	
2		SED NAME FIRST		AMINER'S CERTIFI	CATE OF DEA				
多型器用	(TYPE OR	PRINT)	mes 34	Burto	on	OF ESTI-		11 ₁₉ 81	2b. HOUR
STREET STREET	3. SEX mal	e black	MONTH DAY YEAR LA	GE (IN YEARS IF UNDER 1 YR. IST BIRTHDAY) MONTHS DAYS		PRONOUNCED	MONTH 8	11 ₁₉ 81	2d HOUR
	FOREIG		76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NE	EVER MARRIED .	9. BALTIMORE CITY	OR COUN	TY OF DEATH	am
2 82/	IO. CITY O	DRYOWN OF DEATH	II. NAME OF HOSPITAL, NURSIN	WIDOWED GHOME, OR OTHER INSTITU	JTION 12a. US	UAL OCCUPATION (T		-	MD.
A SOS		altimore SIDENCE (IF IN NURSING HOME O	(IF NOT IN SUCH FACILITY, GIVE STREET IN LUtheran Hos		2	MOST OF WORKING LIFE)		ORINDUS	IRT
2. AND 3 TO 3. RETAIN P SHOULD BE AL RECORDS.	130. STAT	me) 136 COUN	TY I3c. CUTYOR T	elion YES -	CITY LIMITS? 130. STR	REET ADDRESS	Slavn	glel)	RO
HAGES I AND 2 SAVISION OF WITH	14. FATH	ER'S NAME FIRST	MIDOLE BAST	Ton 15. MOTH	ER'S MAIDEN NAME	magni Magni		LAST	
ISION (16a. WAS (YES, N	DECEASED EVER IN U.S. ARA O, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES) 16b. SOCIAL S 2/7	-40 6450 711	MANY SA	celer 1	224	Bloom	la de
D. "PENDING" IN PENCIL IN ITEM IB. GI HIEF MEDICAL EXAMINER ALONG WITH JSED AS A BURIAL - TRANSIT PERMIT. PA PE HEALTH AND MENTAL HYGEINE, DIVI RIAL, CREMATION, OR REMOVAL.	18	PART I DEATH WAS CAUSED	ly ane cause per line for (a), (b), and D BY: TE CAUSE (a) Lung absc	ss with pneum	nonia			APPROXIMA BETWEEN ONS	E INTERVAL ET AND EATH
XAMINER JAL - TRANSI MENTAL H N, OR REM		Conditions, if any, which gave rise to immediate cause (a) stating the <u>underlying cause last</u> .	(b)	JENCE OF			Len I		
SREMATIO		RT 2 DTHER SIGNIFICANT (DNDITIDNS	(C)CDMTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE DR CONDITIO	ON GIVEN IN PART 1 (a).				
BURIAL,	CERTIFICATION	DATE OF OPERATION	19b. CONDITION FOR WHIC	H OPERATION WAS PERFOR	RMED?			2D AUTOPSY	? NO []
RTMENT OR TO BE		EXTERNAL CAUSE WAS IDERLYING OR ONTRIBUTING CAUSE OF E	21b. TIME OF INJURY HOUR A.M. MONTH DAY DEATH P.M.	YEAR 21c. HOW INJURY	Y OCCURRED (ENTER	NATURE OF INJURY IN ITEM I	8 PART 1 OR PA		
E STATE DEPARTMENT D, 21201 PRIOR TO BUR	1 44	HILE NOT WHILE WORK	21e PLACE OF INJURY (AT STREET, FACTORY, FARM, ETC.)			CITY OR TOWN	co	DUNTY	STATE
ECTOR: PITH THE ST	d	22a I certify that I taak charg	e of the remains described above, hi				ond in my of	pinion	
PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2		TUAL SNATURE	Diraco	M.D. Assi	istant MED		DATE SIGNE	8/11/	81
AGE 4 PITER DE ALTIMO	(TY	PE OR PRINT)	ormez R. Guard,M	ADDRESS_	Baltin	nore,MD 212	201		
P	(SPECI	AL, CREMATION, REMOVAL 2	36. DATE 23c. NAME	OF CEMETERY OR CREMATO	all 1	Allen	CON		TATE
DHMH - 17 ! A15 ME (5)) 15M 2/80	24 FUNE	RAL DIRECTOR	DECEMBERS 30	Buttone		2 1981 256 REC	SISTRAR'S S	SIGNATURE	
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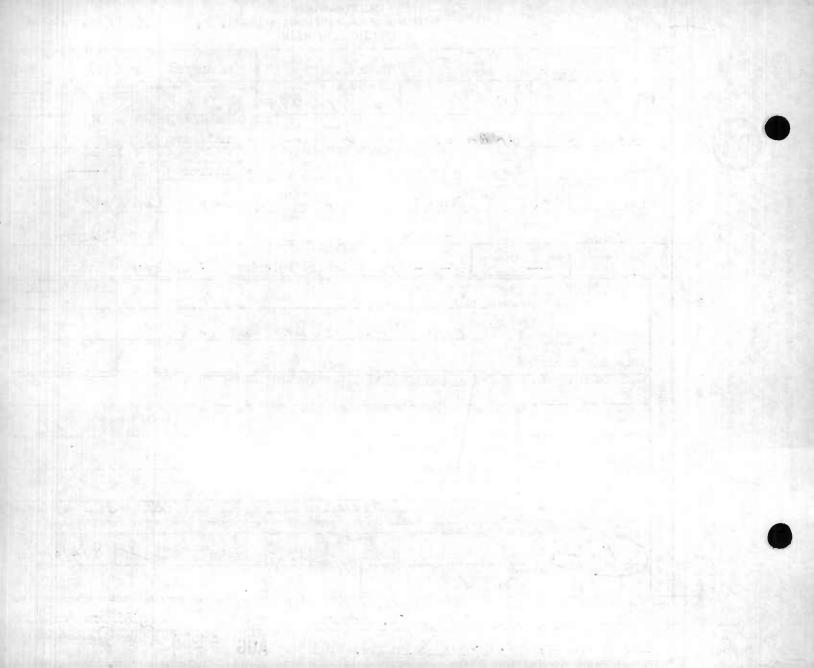
1		1		STATE OF MARYLAND	
-		1.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	20418
			CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
d you		3. SE	DOP	OTHY LORENT BURY A RACE 15. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	4 8/ 4 PM
300		3. OL	Female	MONTH DAY YEAR	MONTHS DAYS HOURS MIN
	35	To B	RTHPLACE (STATE OR FOREIGN	USA WINDOWS WORKED DIVORCED PAINTMORE CITY OR COU	
d the	1	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 1180 USUAL OCCUPATION 119 NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	NG LIFE) 17b. HIND OF BUSINESS OR INDUSTRY
in by	1			ROTH BOTH MOVE GENERAL 3001 S. HENDERS LANGE	Jackny
n 24 h	BZ		Md 136 COU	Bothmore YES NO 1 851 Glade	ourt 21225
1 165	le le	14. F/	THER'S NAME FIRST	MIDDLE 15 MOTHER'S MAIDEN NAME FIRST MIDDLE	LAST
Date of the contract of the co	8/1	16a. \	VAS DECEASED EVER IN U.S. A	STOKES EMA RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS	JOHNSON
Pope exe	Ž/			VEWARORDATES) 216-16-9728 Jun Burn 851 9Puls	Court 1.122.
de de la constante de la const	ŧ		18 CAUSE OF DEATH Enter of	nly ane cause per line far (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
on sh	1		PART I. DEATH WAS CAUS	TE CAUSE (a) A plastic anemia	
oth company	100		3728	DUE TO, OR AS A CONSEQUENCE OF	
de de	101		Canditions, if any, which gave rise to immediate	(b) Lepterenne	
8 4 5	other		cause a, stating the underlying cause last	DUE TO, OPAS A CONSEQUENCE OF	1 3 - 13
pad pad	7. 0.		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
3 4 2	5	NO			
30 Jan 1	100	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 208 AUTOPSY 2 206. II IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
4 9 4 1 1	<u> </u>	28.T.	710. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 115 A	YES NO
Clah phy delto	14	AL C	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR	10 PART I ON PART 2)
Mes or district of the second	i	WEDIC	21d. INJURY OCCURRED	21e. PLACE OF INJURY 21f LOCATION	COUNTY STATE
100	pay.	Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY
NDN 9 0 10 10 4 A	9	78		ital) attended the deceased from 7/30 , 19 81 , to 8/4	
ATTE OF STATE OF STAT	77			at) view the body after death.	haur and fram the causes stated
Dep Dep	ž.		27b. SIGNATURE	DEGREE ATTENDING MEDICAL STAFF	22c. DATE SIGNED
PITAL by 1 ERAL Storte	ž-		22d. PHYSICIAN'S NAME (TYPE	M) PHYSICIAN [] DIRECTOR [] PHYSICIAN []	8/4/8/
	L PORT	1	DOROTHER	A. STORU 3001 S. Hanover St. Balto,	41.21230
5 5 5 5 £	3+	23a	MILE, CREMATION, REMOVA		COUNTY STATE
544BP	-	74-61	INERAL DIRECTOR	8-5-1981 Sut. Clevel toom.	hel.
DRMH - 16 50M 1/1 (VRA 15, 4)	81	8	hund Convar 4	In Inc. Galb. Mel. 21213 250 DATE REC'D. BY REGISTRAN ISLANDED St. AUG 10 1981	MIL GRAND HETTER
68	100	7			774



No.	1	FOR DEPARTMENT OF	ATE OF MARYLAND THEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO.	0 4 1 9
pe in the same in	1. DE	ceased Name First Middle Corst. Elizabeth Buschman	LAST	8/19/81	DAY YEAR 26 HOUR 7 820 F
ge 4 mo)	3.56	A RACE W S. DATE	OF BIRTH 1936	6 AGE (IN YEARS LAST BIRTHDAY) HH	IF UNDER 1 YEAR IF UNDER 24 HRS
TAN LA	10 B	7b, CITIZEN OF WHAT COUNTRY? 8. MARR WIDOV	NEVER MARRIED	BALTIMORE CITY OR COUN	RE aty MC
by the state of th	L	ITY OR TOWN OF DEATH ITH NAME OF HOSPITAL, NURSING HOME IF NOT INSUCH FACILITY, GIVE STREET ADDRESS)	HOSP.	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING	126, KIND OF HUSPHELS OR INDUSTRY
in 24 hou filted in hould be	llu.	AFRES DE NOE I PAUDINO DE COLOMBIENSTITUTION GIVÉ RESIDENCE BEFORE ADMISSION TATE 13c. CITY OR TOWN ALTO CATOLY SULL	YES: NO	130 STREET ADDRESS	RWELL RD
ond less with the search of th	P	SEORGE J. BUSCHMAN	15. MOTHER'S MAIDEN NA	B a MIDDLE ADDRESS	ANGE
on ond co	160.	VAS DECEASED EVÉR IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 16. SOCIÁL SEČURITÝ NO. 2.13-34-4444	3 GEORGE		ANBERWELL
not the death certificat by the attending physis sse remove corban popy , cremotion, or removal other troumotic event, I		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: UNDESTRUCTION OF AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	es pis atory	- arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires the signed Then plect to buriol njury, or njury, or	No.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CAYCIN OMA CONTRIBUTIONS TO DEATH BUT OF THE PARTY OF THE P	UT NOT RELATED TO THE TERM		
on. hos been t permit. ene prior	CERTIFICATION	190. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATI	ON WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
IYSICIAN: The ding physicio is certificate h burial-transit Mental Hygie or frem 18 sho		21a, ACCIDENT WAS UNDERLYING TO A 1b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	,R	RED (ENTER NATURE OF INJURY IN ITEM 11	B, PART I OR PART 2)
DING PHYS or ottendir After this e os the bu olth and Ma	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TEN TOR		obove, (I) (we) (did) (did not) view the body after death.	ond that in (my) (our) opinion	death occurred on the date and h	_, 19, that (I) (we) lost our and from the couses stated
TAL OR AT y the hosp AL DIRECT detoched fr fote Dept. o		226. SIGNATURE N. Dang m.D		MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 81 .
TO HOSPITAL Cretained by the TO FUNERAL D should be detoced with the State D MPORTANT: If		22d. PHYSICIAN'S NAME (JYPEORPRINT) K. DANG M.D.	ST. AG-A	VES Host	21774 6
BP	L	BURIAL 8-24-81 ST.C	ATHERINE	23d LOCATION CITY OF TOWN MOSCOW	COUNTY STATE
HMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR ADDRESS 33	250. DAT	TE REC'D. BY REGISTRAR 256 ACC	STRAR'S SIGNATURE

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+	1	FOR STATE REGISTRAR		DI	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8	2 0	420
	1. DE	CEASED NAME FIRS	T	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 2b. HOUR
page 3		Was	vl		But	enko	Augus	t 4 19	81
E bo	3 SE		4 RACE		5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	(HDAY) IF UNDI	RIYEAR IF UNDER 24 HRS
5 17		M	16		3	16 9 9.	82	YRS	DATS HOURS MIN
CA bo		IRTHPLACE ISTATE OR FOREIGN	/	F WHAT COL	MARRI	D NEVER MARRIED	9 BALTIMORE CITY		ATH
T (38/A) 3/	10.0	Ikraine `		AINE			Baltimor		MD.
1	1	TITY OR TOWN OF DEATH	(IF NOT IN S	UCH FACILITY, GR	VE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT		KIND OF BUSINESS OR
200	MSU.	AL RESIDENCE (IF NURSING HO		BELA			Laborer		
6 1 19 PC	130.	STATE 13h	OUNTY	13t CITY C	RTOWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	El mas	4. 4
3 4 4	-	ATHER'S NAME	1761	13 A	<u></u>	YES NO I	5245 BC	LNORDV	†V.
1120		FIRST	WIDDLE		AST	FIRST	WIDDLE	,	LAST In less on the
# 1 1 1		Mi chael was deceased ever in u.	S. ARMED FORCES?		enko AL SECURITY NO.	Anna 17. INFORMANT	ADDRI		Inknown
MOS Pope		YES, NO OR UNKNOWN) (IF YE	S, GIVE WAR OR DATES)	215-3	0-1974	Wesley Bute	nko 7286 Br	ideewood	Drive
DIVISION OF VITAL RECORDS, 301 W. PRESTON NG PHYSICIAN. The law requires that the death contending physician. Iter this certificate has been signed by the attending as the burial-transit permit. Then please remove carbith and Mental Hygiene prior to burial, cremation, arrowed or Item 18 shows any injury, or ather traumatic.	CERTIFICATION	Canditians, if any, which gove rise to immedia couse (a), stating the underlying cause loss PART 2. OTHER SIGNIFICATION.	DUE TO, (c	CONTRIBUTIN	NSEQUENCE OF	NOT RELATED TO THE TERM	DISENSE MINAL DISEASE OR CON 200. AUTOPSY? YES NO	20b. IF YES, WERE	PART 1(a) FINDINGS USED CAUSES OF DEATH? NO
N OF VITAL SICIAN. The physician of physician certificate in rial-transit pental Hygue tem 18 sho.	CER	210. ACCIDENT WAS UNDERLYIN		OF INJURY	TH DAY YEAR	21c. HOW INJURY OCCUR			
PHYSICIAN. PHYSICIAN. this certifica the burial-tran ad Mental Hy	CAL	OR CONTRIBUTING CAUSE (DEATH.	P.M.	19				
DING PHYSICIAN. Tor ortending physicial After this certificate is as the burial-transjoint and Mental Hygin marked or them 18 sh	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME C	E OF INJURY STREET, FACTORY,	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN COL	INTY STATE
ATTENDII spital ar CTOR: A for use a af Healt		220 1 certify that (I) (this saw the deceased ali	nospital) attended to		137	nd that in (my) (our) opinion	death accurred an the d	19 A	, that (!) (we) last
o ho che che		Hand)			DEGREE ATTENDING PHYSICIAN [MEDICAL STAI	F	8 4/81
TO HOSPITAL (definited by the TO FUNERAL Is should be deto with the State Impropriately Important; if		A-	JAI	N		B. C. H			
0/03 BP	230	BURIAL, CREMATION, REMO SPECIFY) Burial	Aug 8	3 1981		emetery or crematory andrews	23d LOCATION CITY OR TOWN	~	ore Marylland
DHMH - 16 60M 7/73 (VR A 15 (4))	24 F	UNERAL DIRECTOR	r, Inc. 1	901 £a	stern Av	25a. DA1	AUG 5987	25h. OFFISIRAR	ENATURES Com



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11		1-	FOR STATE			DEPARTMENT O				1 2	·	64 6	
40			REGISTRAR		M	EDICAL EXAMI	NER'S	CERTIFICATE		REG. NO			
			CEASED NAME	FIRST		WIDDLE		LAST	20. D	ATE KNOWN X	HTMOM	DAY YEAR	2b. HOUR
	Di el selle III		L ON PRINTI	Edith	1 .	Norine	- E	Butler		OF ESTI-	8	11 1981	
	28558W	3. SE)	4.	RACE	5. DATE OF BIRT	H 6. AGE IN	YEARS IF UT			DATE	MONTH	DAY YEAR	
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	SA SE SE		REIGN COUNTRY)		1000000	THE COUNTRY!		IED NEVER MARE	RIED	_	_		
	25 n 3	10.0	Md ITY OR TOWN OF	DEATH	U.S.A	• COUTAL AURENIA HO	WIDOV	-		Baltimore			MD.
	SEGENT C	10 C			III. NAME OF HO	DSPITAL, NURSING HOP FACILITY, GIVE STREET ADDRESS	ME, OR OTH	IER INSTITUTION	FOR MOST O	CCUPATION TYPE OF WORKING LIFE)	E OF WORK	OR INDUS	TRY
	300 H	-	Baltimo		2211	Westwood A			Waat	ress			
5	ANY DANY DE COULD BECORD	USU/	AL RESIDENCE IF	113b. COUN		GIVE RESIDENCE BEFORE ADMI		13d. INSIDE CITY LIMITS?	13e. STREET A	200 11 21 11			
2120	A SE DE		Md			Baltimo		YES X NO		estwood	ATT	Α	
9	70000	14. F/	ATHER'S NAME					15. MOTHER'S MAID			- AV		
u u	\$10 \$ 5 5 5 X	1	Lewis		WIDDLE	Greene		Marth	o Tou	ise	D.	utler	
90	DAMAD -	16n. V	VAS DECEASED E	EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECUR	ITY NO.	17. INFORMANT	a nou	ADDRESS	- Commercial Commercia	ALL DESIGNATION OF	B - B/
BALTIMORE	JRS AFTER 8. GIVE PA WITH FOR WITH FOR DIVISION	IA	ES, NO, OR LINKNOW	(IF YES, GIVE	WAR OR DATES)	070 70	1000	M T	A YT		L T.	ederic	K, M d
3	A REFER		No			219-12-	LUU-7	M. Lou	13e H	enry 84		ncoln	a P
PRESTON ST.,	8		PART I DEAT	DEATH (Enter an IH WAS CAUSEI	ly one cause per li O BY:	ne for (a), (b), ond (c).)						APPROXIMA BETWEEN ONS	ET AND DEATH
N N	V 24 HC N ITEM ALONG ALONG TI PERM YGIENE		1-14	IMMEDIAT	TE CAUSE (o)			the Liver		7			
STC	A PACE A		0//	5	DUE TO, C	R AS A CONSEQUENC	E OF						
2	VITHI NER NAN SANS TAL I	10		if any, which to immediate	(b)					300	200		TO LOG
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DS.	A SE		PART 2 OTNER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEA	N BUT NOT RELATED TO THE TE	RMINAL DISEAS	E OR CONDITION GIVEN IN P	ART Liou				
DIVISION OF VITAL RECORDS,	"PENDING" "PENDING" FE MEDICAL FED AS A BU HEALTH AN AL, CREMATI	Z											
- M	EA A MEN	CERTIFICATION	190. DATE OF O	PERATION	19b CONI	OITION FOR WHICH OP	ERATION W	/AS PERFORMED?				20 AUTOPS	Y?
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ō	HE WEEN THE WATER		UNDERLYING	OR	HOUR A	M. MONTH DAY YE	AR .	OW HOOK! OCCORN	ED (FIAIEW WAYONE	OF HAJORI HATTEM 161	AKITOKTA	KI 2]	
Ö	SAR STATE	Ş		CAUSE OF		M. 19							
<u>≥</u>	RETTING REPED GE 3 SI TE DEP	MEDICAL	21d INJURY OC WHILE	NOT WHILE (OF INJURY AT HOME,		CATION .	CITY	OR TOWN	co	UNTY	STATE
۵	E, WRIT EWARDE EWARDE PAGE STATE D			AT WORK									
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	EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: I, WITH THE	1	death resulted		al causes X		Suicide	Hamicide .	Undetermin		a in my a	pinidii	
	RTIFI REC ITH RYL	1	deam resulted	TOM: Natur	di couses LZI,		Suicide L		Underermin	ea manner,			
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	SERVE W		SIGNATURE	(A	DINGA	11000 M	N	Deputy Ch	MEDICALI	EXAMINER	SIGNE	ED	7-01
	NO PER	-	EXAMINER'S NA		D	mith MD		1.1	1 Dann	Ctroot			
	TO MEDICAL EXAM EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC ATER DEATH, WITH BALTIMORE, MARYL	`	(TYPE OR PRINT			smith, M.D.		ADDITESS	1 Penn				
	E05549	23a.B	URIAL, CREMATIC			23c. NAME OF C		R CREMATORY	23d. LOCATION		cour		STATE
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7	DHMH - 17	24. F	UNERAL DIRECTO	OR		Freder	rici.	WIG 250. DATE	REC'D. BY REGI			SIGNATURE -	
Lih	(VR A15 ME (5))		C.E. H	ickks,	111 263	W. Pati	lck S	t mul	12 0 198	Many	4		
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3	Ι.	FOR STATE REGISTRAR		ARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE & REG. NO.	2042
oge 3 deoth	(TYP)	CEASED NAME FIRST OR PRINT) HOWAR!		BUTLER	20. DATE OF DEATH MONT	210
	3. SE	n	4. RACE W	S. DATE OF BIRTH MONTH DAY 1 17 18	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS TYPE
题够		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN		9 BALTIMORE CITY OR CO	
by the filled with	.10. ⊂	TY OR TOWN OF DEATH Balto.		URSING HOME OR OTHER INSTITUTION STREET ADDRESS)		126. KIND OF BUSINES
filled in bould be f		AL RESIDENCE (IF NURSING HOME OF TATE 136 COUN	NTY 13t. CITY OR	BEFORE ADMISSION I TOWNBALLED INSIDE CITY LIMIT	S? 138. STREET ADDRESS	noke Ave.
completely 1 and 2 shi		THER'S NAME Orville	MIDDLE LAS But.	15. MOTHER'S MAIDER		Rappold
n ond co Poges 1	1 1	VAS DECEASED EVER IN U.S. AR (15 NO OR UNKNOWN) (15 YES, GIV NO	VE WAR OR DATES)	SECURITY NO. 17 INFORMANT 10-9635 Leslie E	ADDRESS Butler Balt	o., Md.
signed by the otter hen pleose remave to burial, cremation ijury, ar other traum	NC	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING		colon	IN GIVEN IN PART 1(0)
on. t permit. T ene prior	CERTIFICATION	190 DATE OF OPERATION 8/20/81	196. COCUMON FOR W	HICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES \rightarrow NO \rightarrow
phys phys polytro m 18		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTION CAUSE OF DE	ATH HOUR A.M. NONE	DAY YEAR 216. HOW INJURY OF	CURRED (ENTER NATURE OF INJURY IN II	EM 18, PART 1 OR PART 2)
After this cere as the buried of the and Menimorked or the	MEDICAL	WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STRUM FACTORY, O	FFICE, FARM ETC.)	CITY OR TOWN	COUNTY STA
TOR: for us of He		220.1 certify that (1) (this hosping saw the deceased flive an above, (1) (we) (did) (did)	ital) attended be deceased f	rom 9 20 8 , 19 , 19 , and that in (my) (our) op:	nion death occurred on the date of	, 19, , that (I) (we not hour and from the causes state
y the hosy the hosy the hosy the hosy the hosy to detoched detoched to the hosy to the hosy t		27b. SIGNATURE	7		MEDICAL STAFF	22c. DATE SIGNED
recoined by the TO FUNERAL should be deto with the State IMPORTANT: If		22d PHYSICIAN'S NAME (TYPE OF	S SIFIG	The DOBESS /CU	in ilworth	RL
BP	Re	BURIAL, CREMATION, REMOVAL SPECIFY) MOV. 8/23/81	8/23/81	231. NAME OF CEMETERY OR CREMATO	CITY OR TOWN	COUNTY 5TA
MH-16 30M 2/80 (VRA 15, 4)		ineral director nationy Board	Balto	DECC	ALC 2. 4 1981	EGISTRAR'S SIGNATURE

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BP.

DHMH-16 30M 2/80 (VRA 15, 4)

1.	FOR STATE REGISTRAR	DEPAI	RTMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	REG. NO.				
	ECEASED NAME FIRST	WIDDLE	ST	2a. DATE OF DEATH MONTH DAY YEAR 2b. HOUR					
	PETER	JOSEPH	BUT	LER	8 27 81 0.55				
3. SE.	Male	4. RACE WHITE	5. DATE OF	30° 96	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 1F UN MONTHS DAYS HOUR				
	SIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76. CITIZEN OF WHAT COUNTR	RY? 8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH				
	BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ST. AGNES HOSPITAL			12a. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE) 17b. KIND OF BUSINESS INDUSTRY				
13a. S		OR OTHER INSTITUTION, GIVE RESIDENCE BEI INTY 130. CITY OR TO WARD Ellic		73d. INSIDE CITY LIMITS?	13e STREET ADDRESS 8376 Grov	e ANGLE	Rd		
	ather's NAME late John But	Ler LAST		late FIRST Cath	erine. Cunn	ingham	LAST		
	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) YES WW	IVE WAR OR DATES)		John J Doyle	abbre e 8376 Grove		Rd 210	043	
	Canditians, if any, which gave rise to immediate	DUE TO, ORAS A CONSEC	QUENCE OF EROF	- Colon	AND Pro	STRATE			
FICATION	Canditions, if arry, which gave rise to immediate cause (a), stating the underlying cause last.	TE CAUSE (a) CARD	QUENCE OF QUENCE OF TO DEATH BUT N	COLON STOT RELATED TO THE TERM	AND Pro	DITION GIVEN IN	RE FINDING	OF DEATH?	
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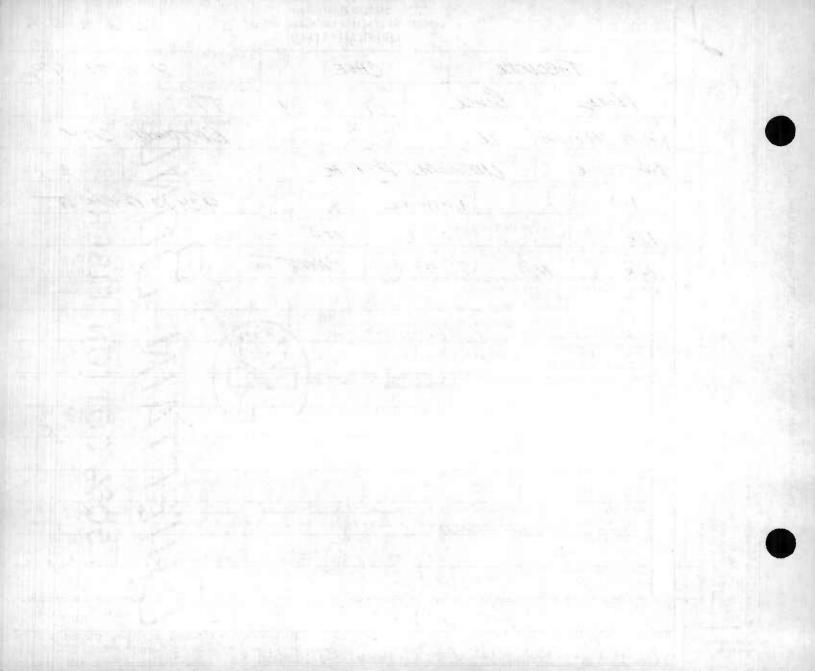
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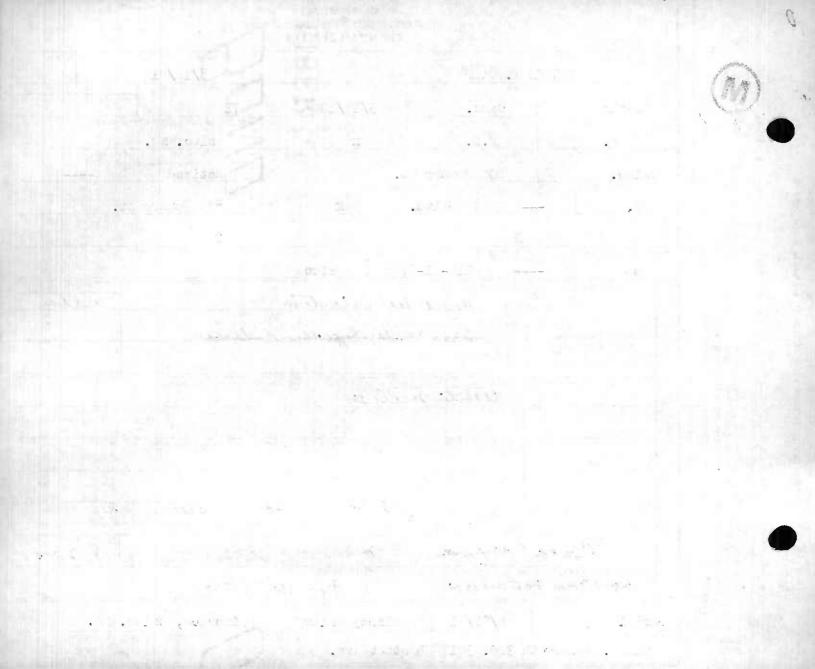
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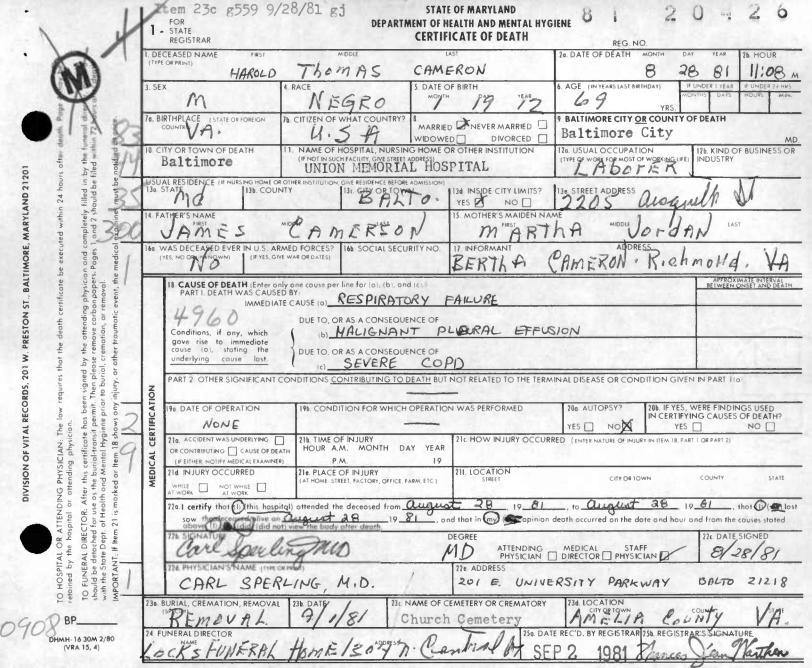
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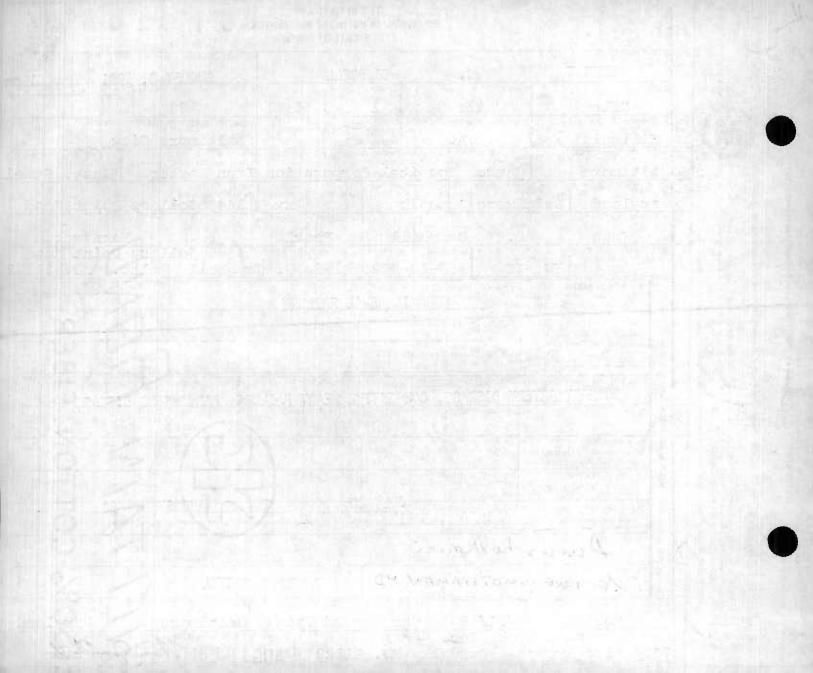
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH REG. NO MIDDLE 20. DATE OF DEATH R. Cardwell 17, 1981 7:20P 6 AGE TIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore City, 12a. USUAL OCCUPATION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE)

Nurse's Aid INDUSTRY 4214 Milford Mill Road Kleinen ADDRESS Francis L. Cardwell, Sr. Same as #13. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

Aug. 19, 1981 Loudon Park Crematory Cremation 24 FUNERAL DIRECTOR 1050 York Road DHMH - 16 50M 1/81 Ruck Towson Funeral Home, Inc. Towson, Md. 21204

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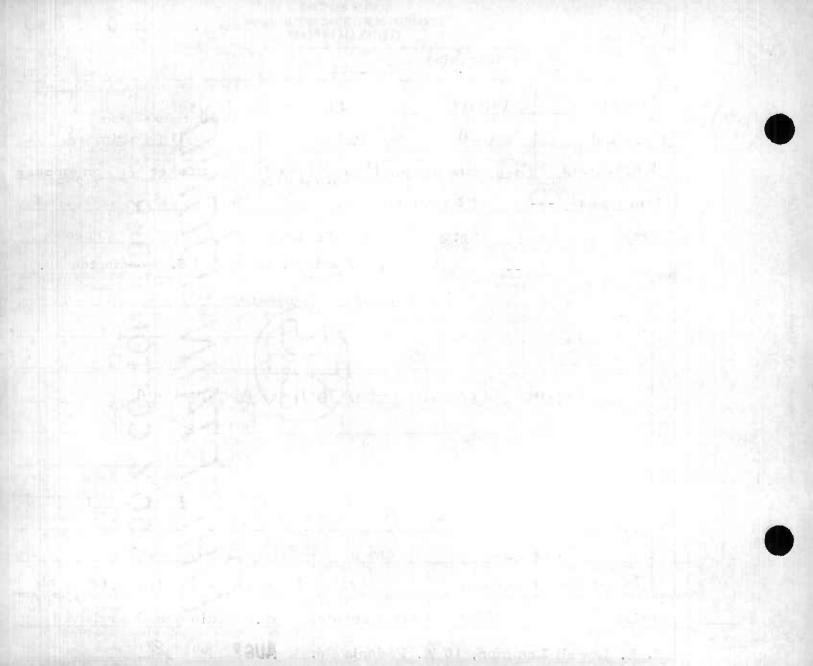
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DHMH-16 30M 2/80 (VRA 15, 4)	24. F	UNERAL DIRECTOR	ADDRES		AUG 2 5 1981	REGISTRAR'S SIGNATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH MONTH 26 HOUR DECEASED NAME Robert 8 8 22 6. AGE | IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 5. DATE OF BIRTH MONTH DAY YEAR 20 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE 76. CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY Baltimore ma WIDOWED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 18. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Agues Hospital MARYLAND 2120 USUAL RESIDENCE (IF NURSING OF OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 131 COUNTY 132 CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? pluo 1231 W O Himore YES X 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE MIDDLE Heatt aness 10h 20 ADDRESS BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATES) NO Vanessa Heat 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cardio 201 W. PRESTON ST., IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which prematic gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF & gutracrawial benorte underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED ă IN CERTIFYING CAUSES OF DEATH? and Mental Hygiene NO F YES 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY or Hem 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC) marked NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from_ _, that (1) (we) last and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated saw the deceased plive on_ abave, (1) (we) (did) (did not) view the body after death 22c. DATE SIGNED 22b. SIGNATURE DEGREE STAFF * ATTENDING uld be deta DIRECTOR PHYSICIAN FUNERAL PHYSICIAN MPORTANT 22d PHYSICIANS NAME (TYPE OF PRINT) 22e. ADDRESS Hosp; tal 100 K Shoul with 00 ca 230. BURIAL, CREMATION, REMOVAL 23b. DATE 236 NAME OF CEMETERY OR CREMATORY Baltimore MD Co. Westview Mem. Pk. Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 1101 North Ave. Wm. C. March F/H (VRA 15, 4)

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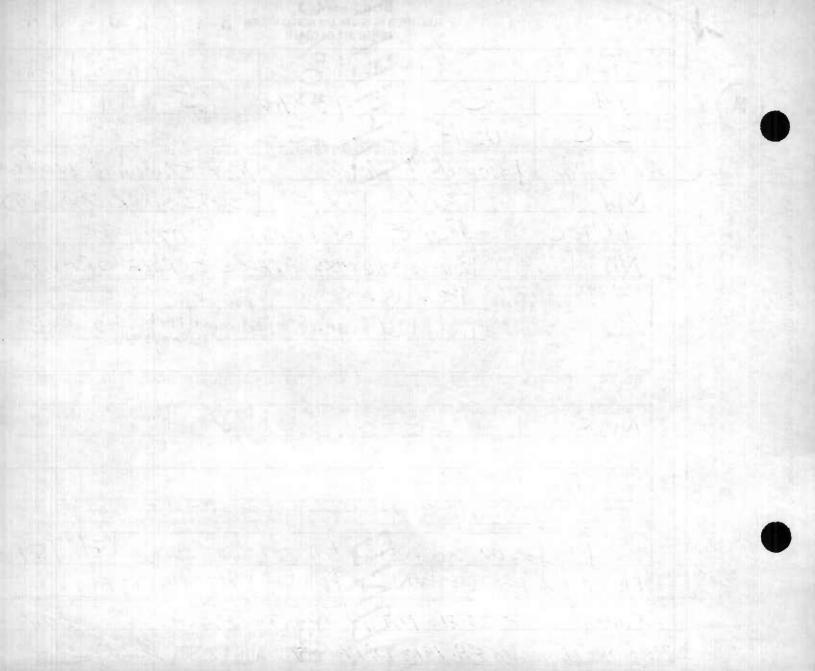
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ARYLAND 2120 I within 24 hours I within 24 hours I within 25 hours I within 26 hours I within 27 hours I within 27 hours	13a	STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEF	YES NO	38/30	SARRISON	Baro
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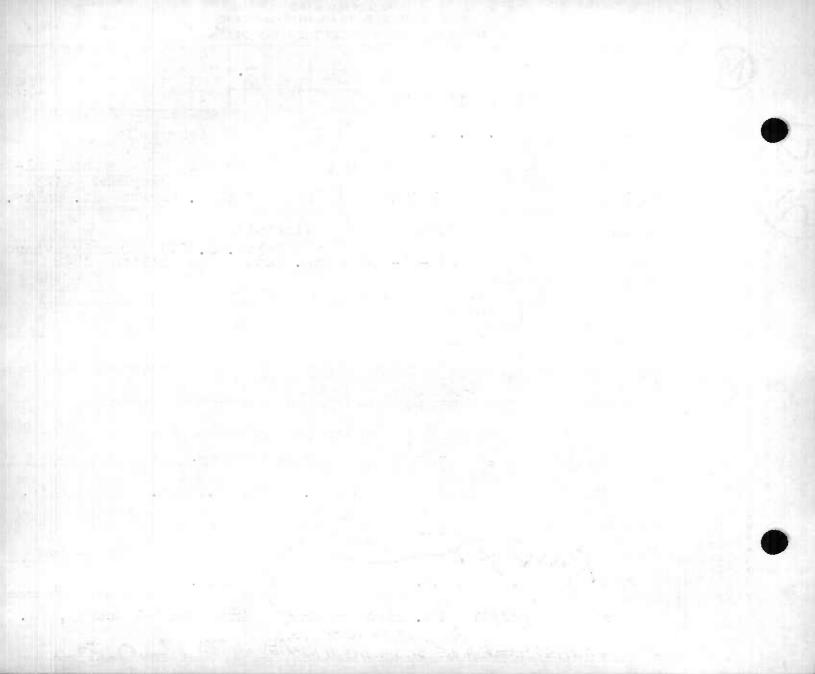
	1				STAT	E OF MARYLAND				
	1.	FOR STATE REGISTRAR		DEPART		FICATE OF DEATH	REG. N	2 0) 44	3 5
or deoth		CEASED NAME FIRST		MIDDLE		LAST	20. DATE OF DEATH		YEAR 26	HOUR
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	3. SE	X	4 RACE	**	5. DATE (6 AGE (IN YEARS LAST BIR			FUNDER 24 HR
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0//	7a. 8	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN C	OF WHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF	DEATH	8 11
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P C	10-0	ITY OR TOWN OF DEATH		OF HOSPITAL, NURS II SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	126. USUAL OCCUPATI (TYPE OF WORK FOR MODE)	ON 12 FWORENGLIES IN	b. KIND OF B	BUSINESS
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a P	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		ON GIVE RESIDENCE BEFOR		113d INSIDE CITY LIMITS?	13e. STREET ADDRESS	Baltimor	e, Md.	212
35		Md.		Baltimo	re	YESXX NO	1724 Nort	n Payson	Stree	et
aine.	14. F	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	ME		LAST	
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medicol		WAS DECEASED EVER IN U.S. AR	MED FORCES		URITY NO.	17 INFORMANT U.S.	Public Affe	alth Ser	vice F	lospi
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the		18 CAUSE OF DEATH (Enter on	ly one couse i	per line for (a), (b), ai	nd (c)	,			APPROXIMA BETWEEN ONS	
- L		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE		nual.		west.		. W. P. M. C.	1/20	1111
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othe		underlying couse lost.	((a)	Rechi	12 hom	1. insulfic	a and			
ury, or	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO / TERM	INAL DISEASE OR CON	DITION GIVEN IN	PART 10	
n in in	CERTIFICATION	A DAYS OF COSERVACE	Tial co.							
20	2	19a DATE OF OPERATION	196. CON	ADITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI	CAUSES OF	S USED
show	E						YES NO	YES 🗌		NO.
88 54	1 8	210. ACCIDENT WAS UNDERLYING		OF INJURY		21c. HOW INJURY OCCURE		RY IN ITEM 18 PART I (
		OR CONTRIBUTING CAUSE OF DEA		A.M. MONTH D	AY YEAR					
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ked	E	WHILE NOT WHILE AT WORK	(AI MOME.	STREET, PACTORY OFFICE,	PAKM, EIC)	SINEE	CITORIO			JIAIL
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.9		220.1 certify that (I) (this hospi		me deceased from_		, 19	, to		, tho	, ,
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E		22b. SIGNATURE	/		1	DEGREE			22c. DATE SIC	GNED
+		- Lukani	0 1	10.1	-11	ATTENDING	MEDICAL STAI			
5		Monney	mr	· Mul	1/11.	PHYSICIAN [DIRECTOR PHYSIC		8/17	7/81
Y		234. PHYSICIAN'S NAME (TYPE O	R PRINT)			22e ADDRESS			4-1-1-1	
MPOK AN		Luzuminda I	K. Per	edo, M.D.		3100 Wyman 1	Park Drive,	Baltimo	re, Ma	aryla
_		BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION			
	1	Buri'AL	18-21	-81 15	ING	Menn PK	PCITY OR TOWN	115 Town	NIV	nd.
	-	UNERAL DIRECTOR	1				E REC'D. BY REGISTRAR			
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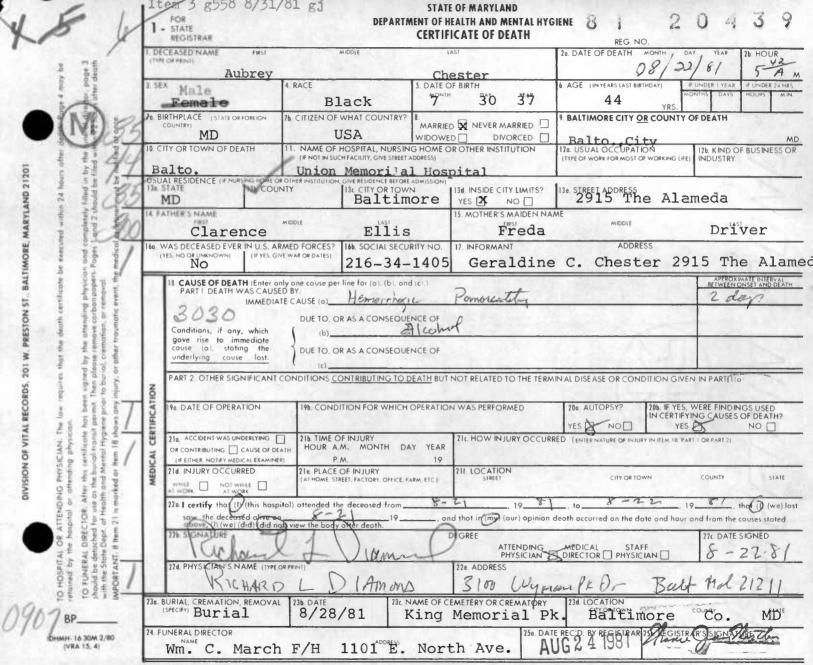
2 1	STATE REGISTRAR	CE	OF HEALTH AND MENTAL HY	REG. NO.	20436
y be death	DECEASED NAME FIRST	rother Ch	apple	20 DATE OF DEATH	8 24 84 12:350
3 5	Female		ATE OF BIRTH MONTH DAY YEAR 25 31	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8	RRIED NEVER MARRIED	9 BALTIMORE CITY OR	
	alto., Md. CITY OR TOWN OF DEATH Saltimore	USA WID 11. NAME OF HOSPITAL, NURSING HO (IF NOT IN SUCH FACILITY, GIVE STREET ADDRES) Parting Management of the such facility, GIVE STREET ADDRES)		120 USUAL OCCUPATION	N 126 KIND OF BUSINESS OR
a 35 05	UAL RESIDENCE (IF NURSING HOME OR) STATE 136 COUN	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS		13e STREET ADDRESS 6 White	lock St.
MJ	ames	O. LAST Nu++	15 MOTHER'S MAIDEN N. Elizabet	AME MIDDLE	Bullock
e medica	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVE NO	RMED FORCES? 16b SOCIAL SECURITY N		beth Bullo	S+
Jease remave carban ial, crematian, ar rem ar ather traumatic eve	Conditions, if any, which gove rise to immediate cause to stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)	Brain Of Pressure	Enage Sores.	
ny injury,		CONDITIONS CONTRIBUTING TO DEATH		MINAL DISEASE OR CONDIT	TION GIVEN IN PART 110
Estaws ony injur	THE DATE OF GLERATION			YES NO	N CERTIFYING CAUSES OF DEATH? YES NO NO
/-	OR CONTRIBUTION CONTRACTOR OF DE	ATH HOUR A.M. MONTH DAY Y	EAR 23c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY II	N ITEM 18, PART 1 OR PART 2)
rked or hem	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	2 If. LOCATION STREET	CITY OR TOWN	COUNTY STATE
of Health	220.1 certify that (I) (this haspin	ital) attended the deceased from			, 19 , that (I) (we) lose and hour and from the causes stated
ote Dept	776. SIGNATURE	Chen-Tan	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	NO R-24-81
should be de with the Stati	22d. PHYSICIAN'S NAME (TYPE OF	ORPRINT) HEN-TAN	Baltino	ne City Ho	ospital
1 3 ≧ 23a	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. DATE 8/28/81 Z3C NAME King	OF CEMETERY OR CREMATORY Mem. Pk.	23d LOCATION CITY OR TOWN Balto., N	COUNTY STATE
10 0UM 1//3	FUNERAL DIRECTOR	+ 4600 liberty H		TE REC'D. BY REGISTRAR 25	b. REGISTRAR'S SIGNATUR

Restricted to the state of the

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO FIRST DECEASED NAME KNOWN X (TYPE OR PRINT) ESTI-OF SAMUEL CHATMAN 19 81 DEATH MATED Sr. SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED LAST BIRTHDAY) 1902 79 19 81 male DEAD negro 7g. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia WIDOWED A Baltimore City DIVORCED 2, AND 3 TO THE FUI 3. RETAIN PAGE 5 2 SHOULD BE FILED, V 3 ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Laborer Chemical-Co Baltimore Johns Hopkins Hospital WITH FORM PM 3. RETAIN P T. PAGES 1 AND 2 SHOULD BE DIVISION OF MIJAL RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 13b. COUNTY Baltimore 13d. INSIDE CITY LIMITS? Maryland Fayette St. Balto. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, M PM Virginia MIDDLE Lewis MIDDLE LAST Chatman 17. INFORMANBalto . Md212199RESS Brantly 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Avenue (YES, NO. OR UNKNOWN) 212-01-5348A Bettie Ann Williams CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) A BURIAL - TRANSIT PERMIT. BETWEEN ONSET AND DEATH 3 SHOULD BE USED AS A BUNIAL - INC. W. DEPARTMENT OF HEALTH AND MENTAL HYGIENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Complications of multiple rib fractures IMMEDIATE CAUSE (o. DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) Cerebrovascular disease 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [NER: THE CATE, WRITING THE CENWARDED TO THE CENWARDED TO THE CENTARENT 21a, EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING WOR Subject fell at home. CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (ATHOME. 211. LOCATION 21d INJURY OCCURRED PAGE 4 SHOULD BE FORWARDEE
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE
IN ORE, MADA STREET, FACTORY, FARM, FTC.1 STATE WHILE AT WORK 1838 E Favette St. .Balto Md home Autopsy X 220. I certify that I took charge of the remains described above, held on Inspection Inquiry death resulted from: Accident Hamicide L Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER 8-15-81 SIGNATURE Dixon, M.D. 111 Penn St. 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b. DATE 8/20/81 County, Mt. Zion Cemetery Anne Arundel Burial 250. DATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR **DHMH-17** E. NUTTER FUNERAL HOME 3035 (VR A 15 ME (5)) 15M2/80

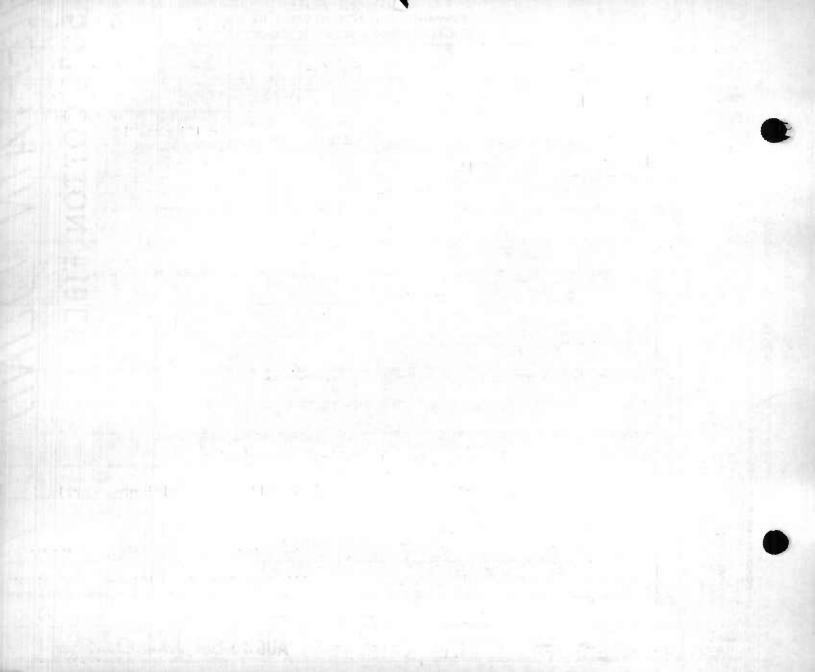


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新		ntry) Md	76. CITIZEN OF WE	IAT COUNTRY?	8. MAR WIDO	RIED NEVER MARR	ED.	horecity or timore (Y OF DEATH	MD.
ORM PM 3. RETAIN PAGES 1 AND 2 SHOULD BE FILER ON OF VITAIR RECORDS, 201	Baltim		2800 Fal		ESS)	HER INSTITUTION	12a. USUAL OCCU	PATION (TYPE O	F WORK	OR INDUST	JSINESS
S SECOND	USUAL RESIDE 130. STATE MO	1126 00	OME OR OTHER INSTITUTION, GIV DUNTY	Baltim		13d. INSIDE CITY LIMITS? YES X NO	3714 W	• Mulb	err	y Stre	et
OC	James		WIDDLE	Cheste	r	15. MOTHER'S MAIDI	EN NAME	VIDDE	Rol	lins	
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	UNDERLY	RNAL CAUSE WAS (ING OR BUTING CAUSE OF RY OCCURRED NOT WHILE AT WORK	OF DEATH ? P.M.	MONTH DAY 19 8 16 19 DE INJURY (ATHOMORY, FARM, ETC.)	81 SL	Ibject was socialists	swimming City OR TO	JWN	COU	NTY	STATE
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	(SPECIFY)	mation, remova	8/26/81			Cemetery	23d LOCATION CITY OR TOWN Balti		COUNT	N	lď
H - 17 ME (5))	74 FUNERALD		rch F/H 1	101 E.No	orth.		REC'D. BY REGISTRA	R 25h REGIST	RAR'S SK	GNATURE	



	1			STA	ATE OF MARYLAND			
4	1	FOR STATE REGISTRAR			HEALTH AND MENTAL HY	0 ,	2 0 4	4
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tely 2 sh	14 F.	THER'S NAME			15. MOTHER'S MAIDEN N	AME		
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res pline ouri	1	PART 2 OTHER SIGNI	FICANT CONDITIONS C	ONTRIBUTING TO DEATH BE	NOT DETATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN IN PART I	10
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9 5 6 6 5 3	Ĕ	Mark English				YES INOI	IN CERTIFYING CAUSES	S OF DEATH?
F VITAL R AN: The l obysicion. ficote ha: fransit pe	#	210 ACCIDENT WAS UNDER			21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR		
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0 (1)	-		his hospital) attended the	10 010	19_0	, to	. 19	, that (1) (we) lost
S P T			d) (did not) view the body	y after death.	and that in (my) (aur) apinio	n death occurred on the do	te and hour and from the	couses stated
		22b. SIGNATURE	111		DEGREE		22c. DATE	SIGNED
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HOSPITAL med by th FUNERAL Jid be deto or the State ORTANT: III		224 PHYSICIAN'S NAM	AE (TYPE OR PRINT)		22e ADDRESS	1 0	1 00	0 1
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Of Ording M	230	SURIAD CREMATION, RE	EMOVAL 236. DATE	123r NAME OF	CEMETERY OR CREMATORY	23d LOCATION		M 242-7
25/120	1	SPECIFY)	8-6-	601		CITY OR TOWN	D. S. COUNTY	STATE
1000	74 F	JNERAL DIRECTOR	0	Ayemo		ATE REC'D. BY REGISTRAR	TARE F.C.	MD.
DHMH - 16 50M 1/81 (VRA 15, 4)		NAME		ADDRESS		ALIC 4 400	DE REGISTRAR'S SIGNAT	IUKE
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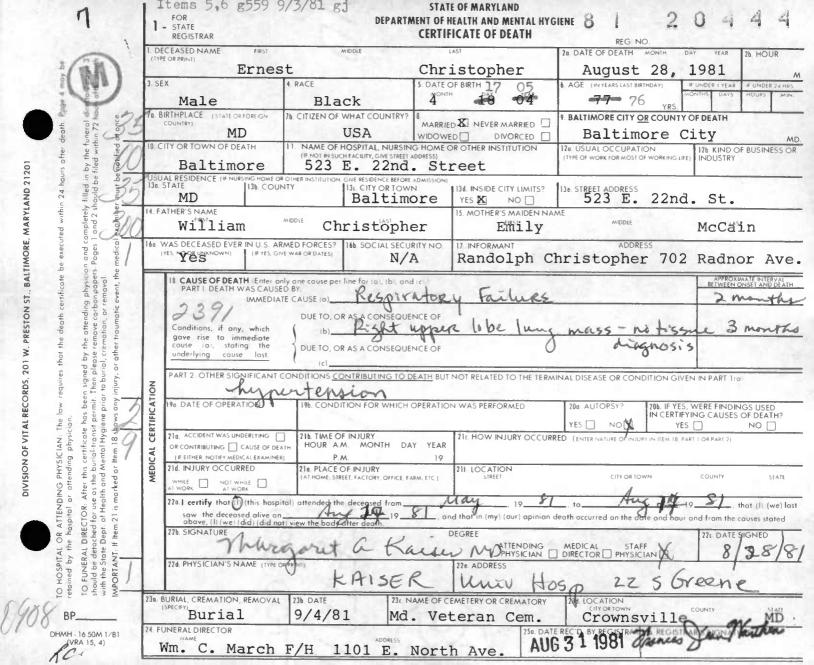
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	1			STATE OF MARYLAND		
	1.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL I CERTIFICATE OF DEATH	IYGIENE 8 REG. N	2044
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	3 SE	× F	BLACK	S DATE OF BIRTH	6. AGE JIN YEARS LAST BUR	
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and 2 sho	H.F.	THER'S NAME FIRST MI	Scot	+ Es ther	MIDDLE	Pride
fing physician and co bon papers. Pages 1 a or removal. umatic event, the me		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN] IF YES, GIVE V			M. Edward	s 300 E. Lorrai
n signed by the atten hen please remove ca to burial, cremation, ny injury, or other tra	NC	A	DUE TO, OR AS A CONSECUTED TO THE PROPERTY OF	O DEATH BUT NOT RELATED TO THE TI		IDITION GIVEN IN PART 1(0)
permit. TI iene prior 3 shows an	CERTIFICATION	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	200 AUTOPSY?	200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO
Anterins seatment of the Anterins and Mental Hygiene Health and Mental Hygiene 11 is marked or Item 18 sho		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	216. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	URRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2]
s the burial th and Men marked or	MEDICAL	21d. INJURY OCCURRED WHILE ONOT WHILE OAT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STAT
O TO E		22a.1 certify that (1) (his hospital saw the deceased alive on above (1) (we) (did)(did not)	Dattended the decepsed from 19 view the body ofter death.		ian death occurred on the d	ote and hour and from the causes state
TO FUNERAL DIRE should be detached to with the State Dept.		SUSAU SA	ambon		G MEDICAL STA	FF SIAN X 8/16/8
should be detached for with the State Dept. of		226. PHYSICIAN'S NAME/ITYPE ORI	AMBOA, A		H CHARLE	HOSPITAL
- 0/5 =	(BURIAL CREMATION, REMOVAL	236. DATE 20/8/ (edar Hill Cempte	ry Anne	Arundel Co. STATE
MH-16 25M A 15, 4) 1/79	V	UNERAL DIRECTOR LILLIAM C Max	ch E H ADDRESS	OF F. North Are	NUG1 8 1981	251 REGISTRAR'S SIGNATURE

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U		FOR	STATE OF MARYLAND	10 R
	1.	- STATE REGISTRAR	CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO.	~ ·
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M)	1.5E		4 RACE W S. DATE OF BIRTH AND DAY YEAR 12, 1911 70 YRS	IF UNDER 24 HR
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s. Pages		VAS DECEASED EVER IN U.S., AR YES, NO OR UNKNOWN} (1F YES, GI	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT RYAN 6419 EUDIO KO	
din ar a		1991		
is signed by the atten Then please remave c to burial, cremation, njury, or ather trauma	NO	Conditions, if ony, which gove rise to immediate cause to stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF ? he petous 15 hung primary DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:	10
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DIRECTOR: After this certificate has been signed by the cycled for use as the burial-transit permit. Then please rem Dept of Health and Mental Hygiene prior to burial, crema if them 21 is marked at Item 18 shows any injury, at ather tr	MEDICAL	gove rise to immediate couse to stating the underlying couse lost PART 2 OTHER SIGNIFICANT (19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER AL WORK NOT WHILE AL WORK NOT WHILE OF COUNTY (I) (this hosping sow the deceased alive an above, (I) (we) (did) (did not 22b. SIGNITURE	DUE TO, OR AS A CONSEQUENCE OF CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO THE TERMINAL DISEASE OR CONDITION GIVEN IN THE TERMINAL DISEASE OR CONDITION GIVEN IN THE TERMINAL DISEASE OR CONDITION GIVEN TO THE TERMINAL DISEASE OR CONDITION GIVEN TO THE TERMINAL	STATE

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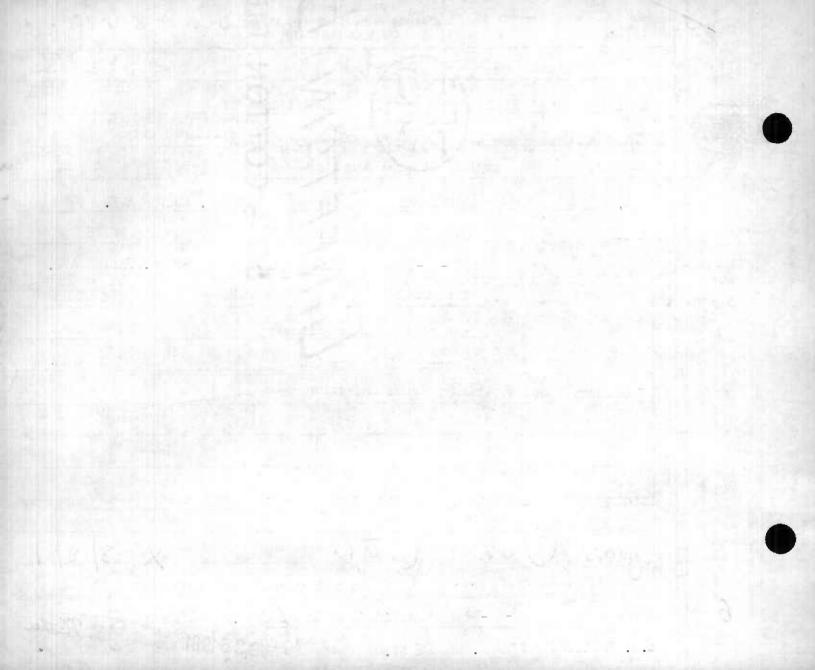


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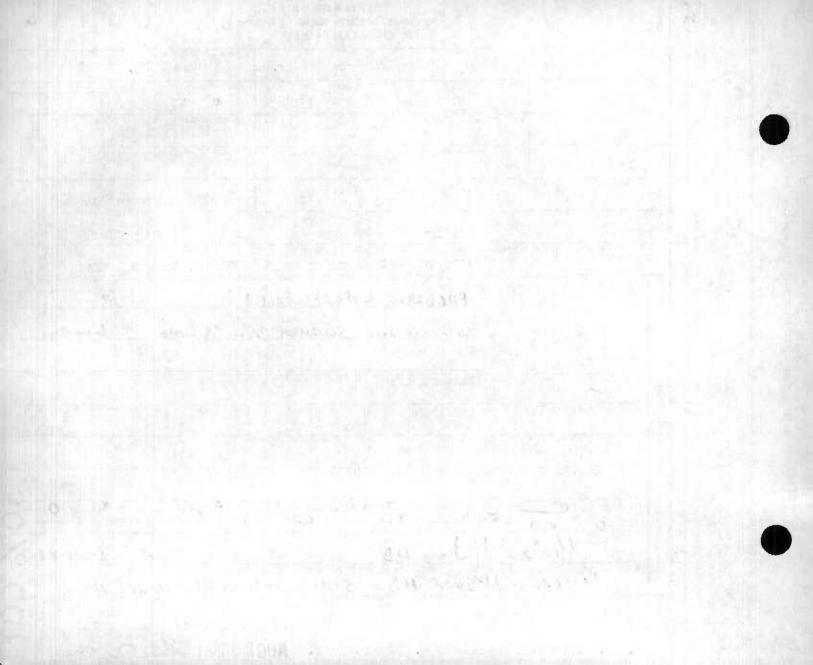
REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



	'	- STATE REGISTRAR		DEPARIA		EALTH AND MENTAL HY ICATE OF DEATH	REG. N	10.) - ? - ~
		CEASED NAME FIRST FOR PRINT) Fran	1.	MIDDLE L.	Cla	ark Sr.	20 DATE OF DEATH Augus	t 23,	10 11
	3 SE	Male	4 RACE B1	ack	5. DATE O	3 1903	6 AGE (IN YEARS LAST BIR	MON	UNDER LYEAR IF UND
33		IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY C Baltim	ore Ci	ty ty
10	I	Baltimore	4023	Boarman	n Ave	enue	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O		12b. KIND OF BUSI INDUSTRY
35	3a 3	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTION UNITY	Baltime	ore	13d INSIDE CITY LIMITS? YES X NO [13e. STREET ADDRESS 4023 B	oarman	Avenue
BU	F	rank FRST	WIDDIE	Tillman		Mary FIRST	MIDDLE	C	lark
e medicu	160 \	WAS DECEASED EVER IN U.S. I VES NO OR UNKNOWN) (IF YES,	ARMED FORCES? GIVE WAR OR DATES}	220-20-68		Brenda Wrigh	addri nt 2911 N. R		venue
been signed by the of t	2	gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	DUE TO, O	r as a conseque	NCE OF	SQUAMOS (IN PART Tro
on out into	FICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W	ERE FINDINGS US
Jem 18 shows only injur	CAL CERTIFICATION	198 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	21b. TIME O HOUR A.	FINJURY M. MONTH DA	Y YEAR	N WAS PERFORMED	YES NO	IN CERTIFYIN	G CAUSES OF DE
rked or Item 18 shows only injury	MEDICAL CERTIFICATION	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	21b. TIME O HOUR A. NER) P.	FINJURY M. MONTH DA M.	Y YEAR		YES NO	IN CERTIFYIN YES	G CAUSES OF DE
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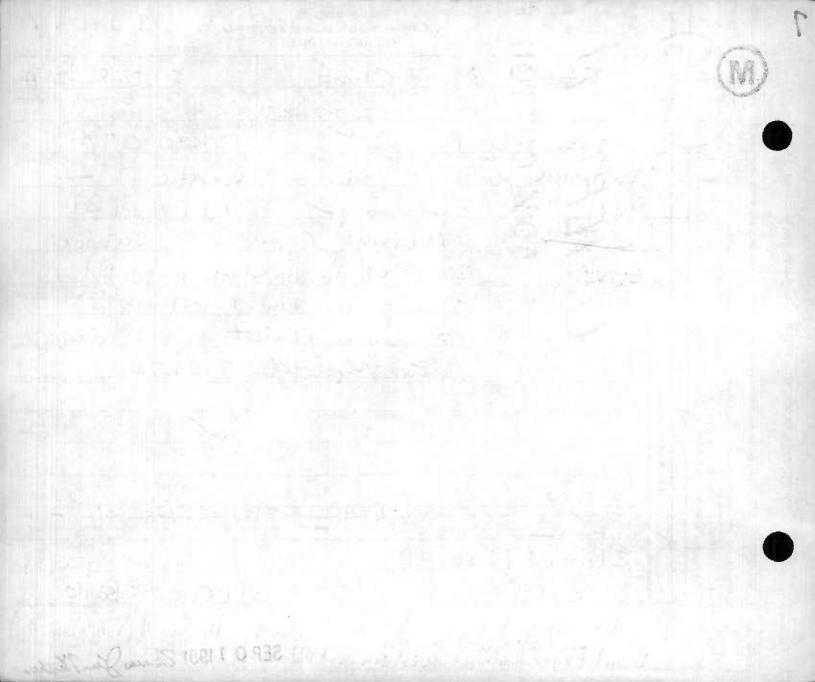
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR (TYPE OR PRINT) 3 SEX 4 RACE IF UNDER 24 HRS 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR 70. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED EVER MARRIED COLINTRY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR NOT IN SUCH FACILITY, GIVE STREET ADDRESS WORK FOR MOST OF WORKING LIFE! INDUSTRY 141/01 USUAL RESIDENCE (IF NURSING OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS YES 1 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE CannoN 16g WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** I IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Canditions, if ony, which gave rise to immediate cause (a), stating DUETO, OR A underlying couse à PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY3 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO D 710. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 81 m HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 5 71d INJURY OCCURRED 21e. PLACE OF INJURY 21L LOCATION STREET CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked WHILE NOT WHILE 220.1 certify that (this hospital) attended the deceased frame saw the deceosed alive an abave, (we) (did) (did at) view the bady after death and that in (aur) apinion death accurred an the date and haur and fram the causes stated DEGREE 22c. DAJE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN L

DIRECTOR 40 Dept. frem 4 be deto FUNERAL MPORTANT. SNAME 22e ADDRESS d b 230 BURIAL, GREMATION, REMOVAL 23ca NAME OF CEMETERY (SPECIFY BP SEP 0 1 1981 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)



(VRA 15 (4))

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	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	
may be page 3	1. DECEASED NAME (TYPE OR PRINT)	comi C. Boodly Clark.	REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR P. 8 6 81 10:45 M
Page 4 m director, p	3. SEX Fem Qe BIRTHPLACE (STATE OR FOR COUNTRY)	Black. S. Date of BIRTH MONTH DAY 15 AR 15. DATE OF BIRTH MONTH DAY 15 AR 16. CITIZEN OF WHAT COUNTRY? 8	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTHS DAYS HOURS MIN 9 BALTIMORE CITY OR COUNTY OF DEATH
(M)	10 CITY OR TOWN OF DEATH	MARRIED NEVER MARRIED DIVORCED DIVORCES STREET ADDRESS)	120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE WORK FOR MOST OF WORKING LIFE) INDUSTRY
AND 2120 Filled bould it	DSUAL RESIDENCE (IF NURSING 130 STATE 13	HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 2011 MCV YES V NO	130-tired . 130-sireet ADDRESS 1820 Dukelands 21216
RE. MARYL ecuted within 5 completely in 1 and 2 a	14. FATHER'S NAME FIRST STATE	U.S. ARMED FORCES? 1166. SOCIAL SECURITY NO. 17. INFORMANA	ADDRESS Belle
T., BALTIMO Tricate be well physician dis model. Fugi	14	Enter only one couse per line for (a), (b) and (c).)	Best me 1920 Nutrales SF
201 W. PRESTON ST., BL. es that the death certificat ned by the attending phys please remove carbon pap please, or remove , or other traumatic event,	Canditions, if any, w gove rise to immediately (a), stating	DUE TO, OR AS A CONSEQUENCE OF (b) (b) (c) H. (c)	
CORDS, 2: w requires been signe mit. Then p orier to bur.	PART 2. OTHER SIGNIF	ICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TER OF CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
OF VITA CIAN: Th Ciphysicate all-transit and Hygin mail 8 she	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAU	SE OF DEATH HOUR A.M. MONTH DAY YEAR EXAMINER) P.M. 19	YES NO YES NO NO NO NORMED (ENTER NATURE OF INJURY IN ITEM 18, PART) OR PART 2)
DIVISE ENDING PR of or other OR. After th ruse as the Health and is marked is	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET STREET 19	CITY OR TOWN COUNTY STATE
- C C F C F N	22b. SIGNATURE	DEGREE ATTENDING PHYSICIAN	m death accurred an the date and hour and fram the causes stated MEDICAL STAFF
TO HOSPITAL OR AT Verticular Or AT Verti	22d. PHYSICIAN'S NAM A J A J 23d. BURIAL, CREMATION, RE	SIDHU S216 Ly	Nor lake Rd. Colevation wil
BP	24 FUNERAL DIRECTOR DAME LIVERAL DIRECTOR	8 181 artentes my	ATE REC'B. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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SEPS 1981 Stone Jan Take

8/29/81

7922 Wise Avenue, Dundalk, MD

Burial 24 FUNERAL DIRECTOR Duda-Ruck, Inc.

DHMH - 16 50M 1/81 (VRA 15, 4)

#15.FilmG558 8/28/81 kam

MIDDLE

1 - STATE

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💍

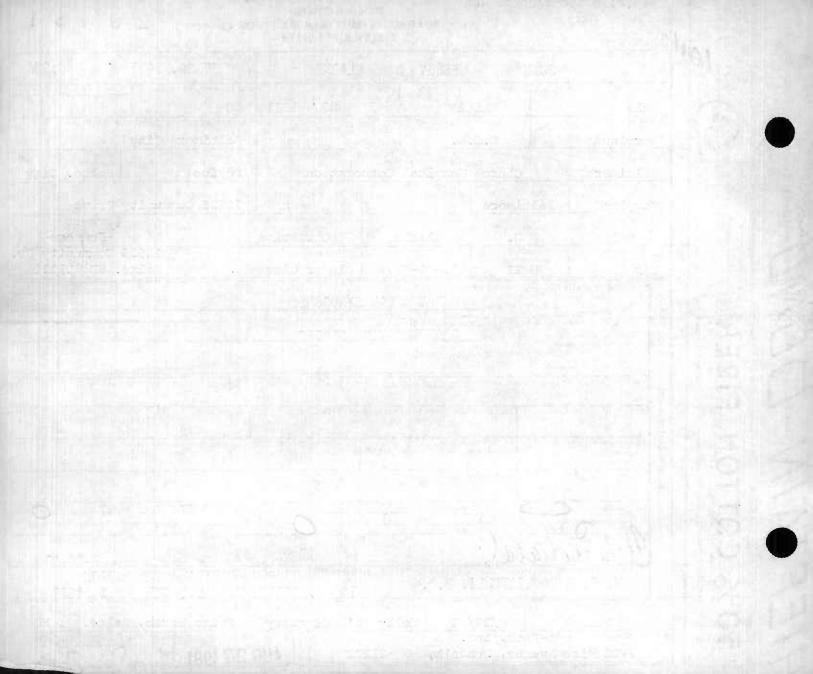
CERTIFICATE OF DEATH

Holly Hill Cemetery

21222

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REG. NO 29. DATE OF DEATH MONTH AUGUST 26, 1981 8:20A 6 AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Police Balto. City 13e. STREET ADDRESS 12925 Community Drive Sommers MIDDLE -Summers-ADDRESS12925 Community Dr. Balto. MD 21220 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOI 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE (our) opinion deoth occurred on the date and hour and from the causes stated 22c. DATE SIGNED MEDICAL DIRECTOR PHYSICIAN Y 8-26-81 CHURCH HOSPITAL CORPORATION BROADWAY, BALTIMORE, MD X 21231 White Marsh, Balto. MD 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



	REGISTRAR ECEASED NAA YPE OR PRINT)		FIRST		WIDDLE		ERTIFICATE C	20. D	ATE KNOV	G. NO.	HTMON	DAY YE	AR 26. HOUR
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1 5	nale	4. RACE bla	ack	Feb. 28	1922 LAST BIR	HDAY) MONTH	DER 1 YR. IF UNDER	MIN: PRO	DATE NOUNCED DE AD		8 :	18 ₁₉ 8	1 6:40
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1"	Baltim		ТН		SPITAL, NURSING HO				occupation of working lif aker	N (TYPE OF		or indi Baker	BUSINESS JSTRY
5 13a. M	state arvlar	nd l'	SING HOME OR 136 COUNTY BALTI	1	VERESIDENCE BEFORE ADM 13c. CITY OR TOWN Y Baltimo	4	13d INSIDE CITY LIMITS? YES ₩ NO □	130 STREET A	DDRESS	rood			
14.	ATHER'S NAM			MIDDLE	Clay	Sr.	IS MOTHER'S MAID! Arnet		WIDDLE		П.	Clay	-
16a.	WAS DECEASE YES, NO, OR UNKN	ED EVER IN	N U.S. ARMI (IF YES, GIVE W.	AR OR DATES)	229-12-	RITY NO.	Mary J.			N. N			el.
TION	gove r cause (d lying ca	ans, It an rise to in a) stating to ause last.	mmediate the <u>under-</u> (ONDITIONS (O	(b)	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE T	CE OF ERMINAL DISEASE	cardiovas		ILSEAS				
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	21a EXTERN UNDERLYING CONTRIBUT		E WAS R AUSE OF DE	ATH P.N	MONTH DAY YE	AR	W INJURY OCCURRE	D (ENTER NATUR	OF INJURY IN I	TEM 18 PART	1 OR PART	2)	STATE
MEDICAL CERTIFICATION	21d INJURY	OCCURRED NOT W	VHILE	21e PLACE (STREET, FAC	OF INJURY (AT HOME TORY, FARM, ETC.)		CATION	CITY	OR TOWN		COUN	NTY	STATE

BURGUE DE WAIE TELE The contract of the contract o

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME KNOWN THE MONTH 20. DATE (TYPE OR PRINT) Zachary Clifton, Jr ESTI-L. DEATH MATED 8 18 19 81 . SEX 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE 26 81 PRONOUNCED 10 81 black male 8:21A DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH O BIRTHPLACE (STATE OR MARRIED NEVER MARRIED X FOREIGN COUNTRY) Baltimore City USA DIVORCED MD WIDOWED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Union Memorial Thospital FOR MOST OF WORKING LIFE! Baltimore FORM PM 3. RETAIN PA SES 1 AND 2 SHOULD BE F SION OF VITAL RECORDS, 2 2, AND 3 TO T 3. RETAIN PA SHOULD BE F USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3526 Ellerslie Avenue 130. STATE 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? VES.X NO [MD Baltimore 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Zachary Clifton Sr Leverne T. Cosby 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS DIVISION (YES NO, OR UNKNOWN) N/A Zachary L. Clifton Sr. 3526 Elle APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH ED AS A BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, 8 YES Y NO [PAGE 4 SHOULD BE PORWADED TO THE WO TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFIER DEATH, WITH THE STATE DEPARTMENT BATTMORE, MARYLAND 21201 DOCUMENTS 210 EXTERNAL CAUSE WAS 71h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 21f. LOCATION STREET, FACTORY, FARM, ETC.1 STREET STATE CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Undetermined manner TITLE (SPECIFY) ACTUAL 8/18/81 DATE Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111Penn Street, Balto, MD 21201 (TYPE OR PRINT) 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Laurek Md. Nat'l Mem. Pk. Burial 8/22/81 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAN DATE REGI Wm. C. March F/H 1101 E. North Ave. **DHMH - 17** VR A 15 ME (5) 15M 2/80

Hotels .. Jr. p. .. J. com Piller Str. b, 1 to 1 to 1

1	T STATE REGISTRAR	D	CERTIFICATE OF DEATH	REG. NO.	2 0 4 3		
(N	1. DECEASED NAME FIRST (TYPE OR PRINT) BEINI	CE E.	COATES	20. DATE OF DEATH MONTH	20 81	26 HOU	
	1. SEX Female	1. RACE Gegro	5 DATE OF BIRTH MONTH DAY YEAR 08 09 12	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER	
onerol di ma 72 min	78. BIRTHPLACE STATE OR FOREIGN COUNTRY)	O, S,	UNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORECITY OR COU	_	3	
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n ond co		ARMED FORCES? 166 SOCI.	AL SECURITY NO. 17 INFORMANT	11th 4305 k	Pidge woo	4	
ertificate ng physici banpaper removal. c event, th	18 CAUSE OF DEATH Enter PART I DEATH WAS CAU	CED DV	astatic carcinoma	of breast	BETWEEN	AATE INTE	
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phys phys of Hyo		BEATH HOUR A.M. MON	17H DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2}		
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R ATTENDING hospital or off RECTOR. After red for use as fight, of Health of tem 21 is market.	220.1 certify that (1) (this has sow the deceased alive above. (1) (we) (did) (did	and and	19 %/ and that in (my) (our) opinion	deoth occurred on the dote and		that (I) (
0 0 0 0 =	226. STEVEN (Rema	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	8/20	81	
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OHMH - 16 50M 1/81 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Vim. C. March F/H	Inc. 1101 E.	ADDRESS.	UG 2 1 1981	SISTRAR'S SIGNATU	JRE 7	

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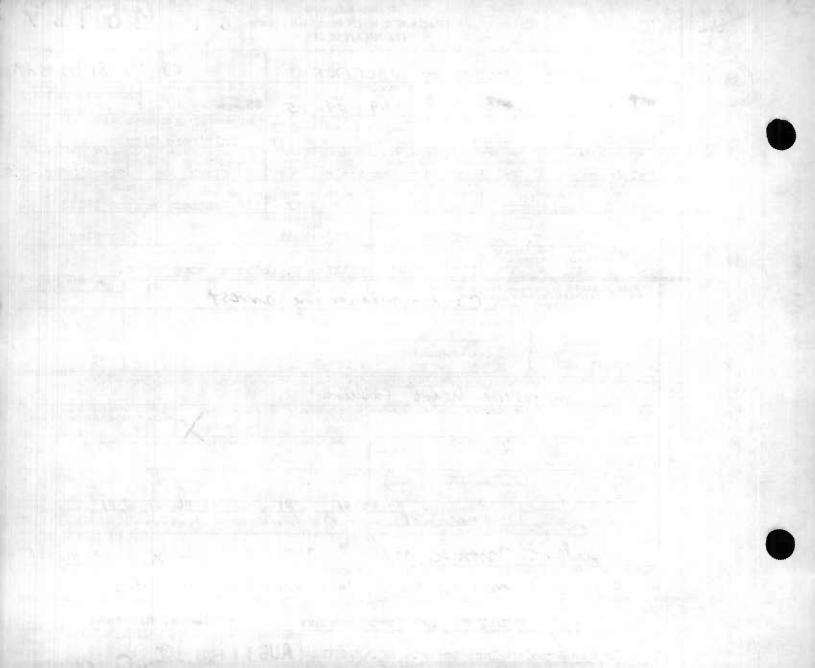
IF UNDER I YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST/OF WORKING LIFE) INDUSTRY Meat 3343s H Chatham Coffman PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO M 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) aur apinion death accurred on the date and hour and from the causes stated 11: DATE SIGNER Baltimore, 250 DATE REC'D. BY REGISTRAR 156. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Truman Schwab 5151 Balto.Natil.Pik

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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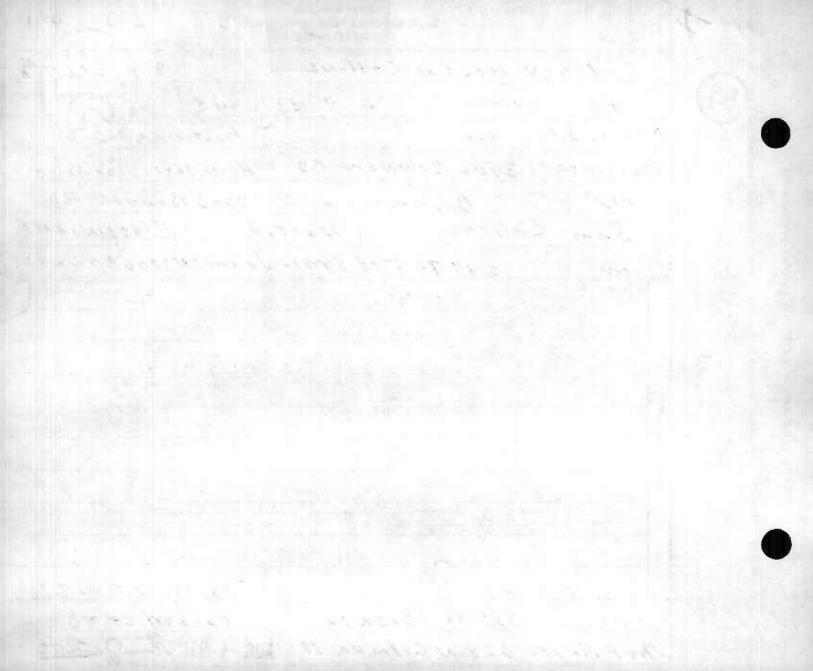
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5	FOR STATE REGIS		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 4 5 CERTIFICATE OF DEATH REG. NO.							5 9
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the death cert after this certificate has been signed by the attending os the buriol-tronsit permit. Then please remove corbon th and Mental Hygiene prior to buriol, cremation, or re- orked or them 18 shows any injury, or other traumatic ex-	gove couse under	tions, if ony, which rise to immediate (a), stating the laying cause last.	DUE TO, OR (c) CONDITIONS CO	AS A CONSEQUE Myocardia NTRIBUTING TO D	NCE OF IN F	OT RELATED TO THE TERM	inal disease or con	DITION GIVEN IN	PART 100	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST MIDDLE KNOWN A MONTH Zb. HOUR 2a. DATE (TYPE OR PRINT) OF ESTI-8-10-81 DEATH MATED CARY COLEMAN 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2021096 LAST BIRTHDAY PRONOUNCED 8=10-81. male black. 194833 DEAD 11 YRS IN RIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City WIDOWED DIVORCED 5 ID. CITY OR TOWN OF DEATH 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, V 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Baltimore 1721 SUCTIVER STREET APPRESS DIVISION OF WITH RECORDS USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13h COUNTY BALTIMORE 13d. INSIDE CITY LIMITS? 1766 LL EWELYN AVE. MD NO [14. FATHER'S NAME IS MOTHER'S MAIDEN NAME SES 1, M PM MIDDLE MIDDLE FIRST GRANISON ERNESTINE COLEMAN LEROY 66. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7. INFORMANT **ADDRESS** IYES, NO. OR UNKNOWN CONYERS 1619 ARGONNE Dr 217-50-6286 CHRISTINE YES 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL ALONG W DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MENTAL HYGIENE, N, OR REMOVAL. Seizure Disorder IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF FED AS A BURIAL -HEALTH AND MEI AL, CREMATION, (lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g. CERTIFICATION AER: In...
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"TATE DEPARTMENT OF HEAI...
"POIGN TO BURIAL, C." 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES X NO [21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 19 21e PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211. LOCATION EXECUTE THE CANTEL PAGE 43 TO FUNERAL DIRECTOR: PAGE 3 TO FUNERAL DIRECTOR: PAGE 3 TA FIRE DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK Autopsy XX 220. I certify that I taak charge at the remains described above, held an Inspection and in my apinion Hamicide Undetermined manner death resulted fram: Suicide TITLE (SPECIFY) DATE Assistant 8-10-81 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) **ADDRESS** 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE CITY OR TOWN 8/13/81 BALTIMORE CEMETERY BURIAL BALTIMORE MD. BP. DATE REC'D. BY REGISTRAR PREGISTANT'S SIGN 24 FUNERAL DIRECTOR **DHMH-17** C. MARCH F/H 1101 E. NORTH AVE. (VR A15 ME (5)) 15AA 2/80



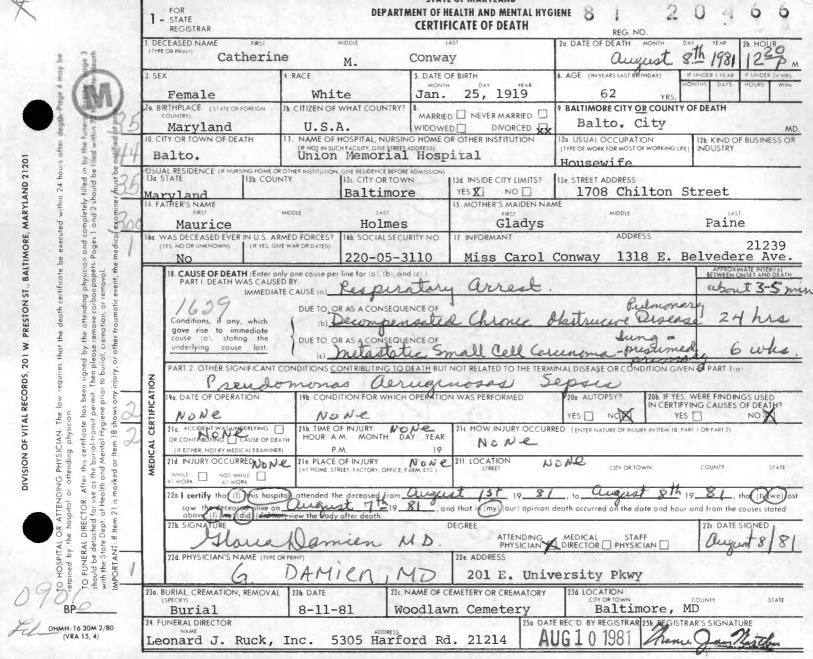
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TIMORE, be executed on and construction and construction or and construction or an edicol	16s V	VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GIV NO	MED FORCES? E WAR OR DATES)	166 SOCIAL SEC	URITY NO.	BARRY CON	NOR 180	ADDRE	n Court A	nnapolis Mo
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120' NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours, oftending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be file th and Mental Hygiene prior to burial, cremation, or removal. arked ar Item 18 shows only injury, or other traumatic event, the medical examiner must be an extended or Item.	NO	PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT (DUE TO, OI DUE TO, OI DUE TO, OI (c)	RAS A CONSEQ	UENCE OF	freme preme	turity E TERMINAL DI	2	DITION GIVEN IN PA	RT 1(a)
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IVISION OF VITAL R. I.G. PHYSICIAN: The li ottending physician. Ter this certificate has s the burial-transir per and Mental Hygiene rand Mental Hygiene rad or term 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL	HOUR A.	M. MONTH	DAY YEAR	21t HOW INJURY O	OCCURRED (EN	TER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PAI	स 2)
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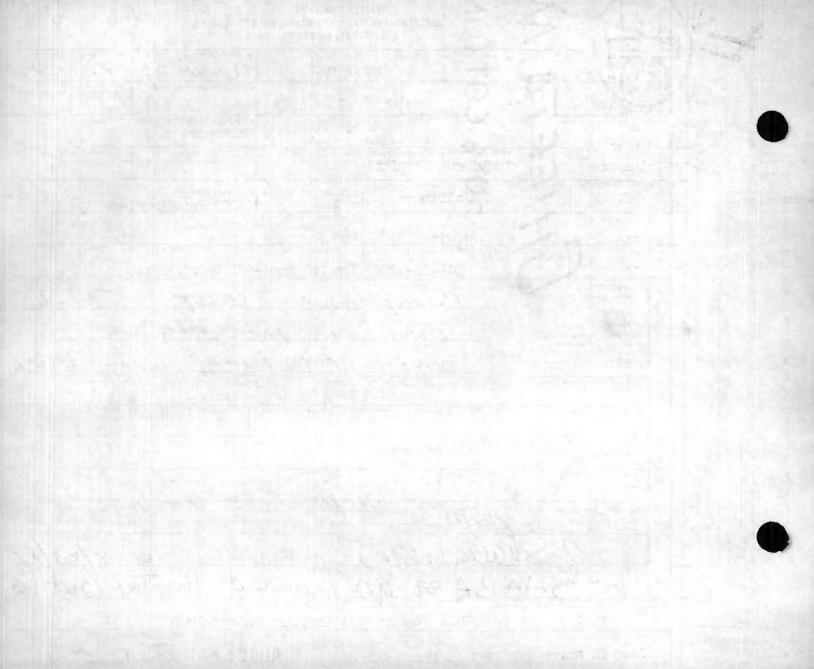
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	R A A hosp	e e		22b. SIGNATURE	or view the opay offer death.	DEGREE			77t. DA	AJE SIGNED
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(VRA 15 (4)		Į.	Villiam C. M	arch F	/H 1101	E. Nor	th Ave	nue Al	G2 5 1981	Theme (2		



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OR. LES.		PEORPRINT) Madeline Cottman								1 19	YEAR 25 HOUR			
	3. SEX	x Eemale	black	5. DATE OF BIRTH MONTH DAY 10 - 30 - 39		YRS.	UNDER 1 YR.	IF UNDER	MIN PROM	DATE NOUNCED DE AD	MONTH 8	1 ₁₉	91 4:49 M	
6 133	FC	PREIGN COUNTRY)		****			AARRIED X NEVER MARRIED 9. BALTIMORE CITY OR COUNTY DOWED DIVORCED Baltimore City					ty	MD.	
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S, MD. 21201 ATH. IF AND 3 TO PM 3. RETAIN PA UD 2 SHOULD BE VITALRECORDS.	13a S	Md Md	13b COUP	OR OTHER INSTITUTION, (NTY	13c. CITY OF		13d. INSIDE	NO 🗆			tters	on Pa	ark Ave	
ORE, MD. DEATH. III. GES 1, 2, 3, 4, AND 2 S. OF VITAL	J	ohn		WIDDLE	Jones		Mar 17 INFOR			mily ADDR	ree.	LAST Willi		
BALTIMORE, M URS AFTER DEATH URS AFTER DEATH WITH FORM PM TI. PAGES I AND S DIVISION OF VILL	16d. V	NO, OR UNKNI		E WAR OR DATES)			Edwa		ottma		N. P		son Pk	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY RITING THE WORD "FENDING" IN PENCIL IN 116A 18. GIVE PAGES 1.2. AND RDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. RETA RET 3 SHOULD BE USED AS A BURAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOUL TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECO	7	PART I DEATH WAS CAUSED BY: Hypertensive cardiovascular disease												
F VITAL RECORE TE SHOULD BE EX WORD "PENDIN HE CHIEF MEDIC ENTO HEALTH DEUTS OF HEALTH DEUTS O	CERTIFICATION		F OPERATION			IICH OPERATIO	N WAS PERFOI	RMED?				20 AUTO		
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50%749	23o.B	SPEC#Y)	INT)		23c. NA/	ME OF CEMETER	Y OR CREMAT	ORY	23d. LOCATI		COL	re,MD	STATE	
Jeh DHMH-17 (VR A15 ME (5)) 15M2/80	1	Bur UNERAL DIRE- NAME ijliar	CTOR	8/5/81 rch F/H			n Ceme	AUG	EC'D. BY REG	. 3//	e LEGISTRAR'S	SIGNATURE	Md	

STATE OF MARYLAND

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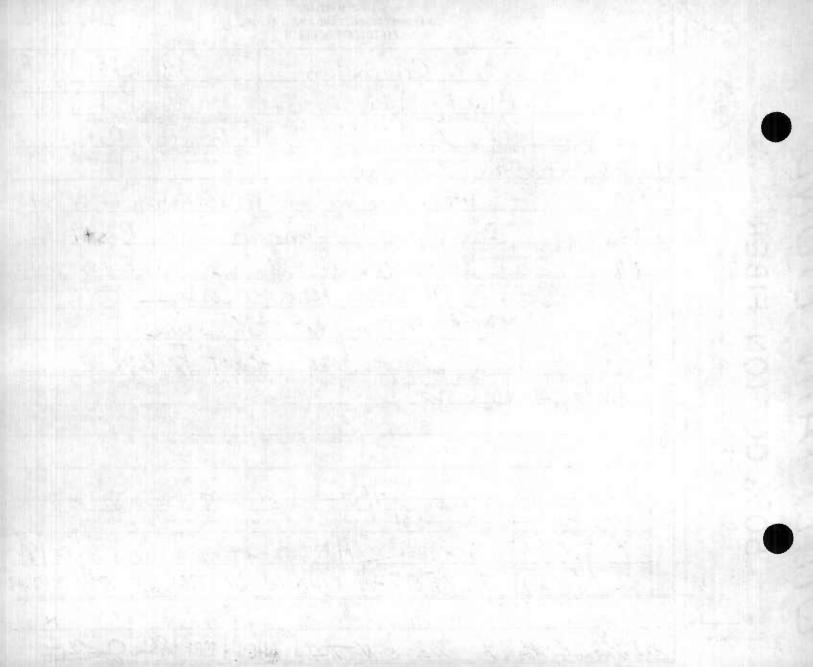
STATE OF MARYLAND

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	1	FOR STATE REGISTRAR	DEPARTMENT C	TATE OF MARYLAND OF HEALTH AND MENTAL HYG TIFICATE OF DEATH		2047
deo h	(TYP	CEASED NAME FIRST FOR PRINT) Thomas		INGTON	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR.
	3. SE	MALE		TE OF BIRTH ONTH CIAY YEAR 1 2 02	6. AGE (IN YEARS LAST BIRTHDAY) 79 9. BALTIMORE CITY OR COL	IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS A
	Вє	ennettville, Md.	(USA) WIDO		12a. USUAL OCCUPATION	MOIZE 12b. KIND OF BUSINESS
De lied	JHSU	ALRESIDENCE LIE NURSING HOME OR OTHER IN	NOT IN SUCH ENGILITY, GIVE STREET ADDRESS)	HUS POSTA	(TYPE OF WORK FOR MOST OF WORK	INDUSTRY
2 should	4	ATHER'S NAME FIRST MIDDLE	Ball Prown	13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NAM		
Sond Sond		WAS DECEASED EVER IN U.S. ARMED FO	DRCES? 166 SOCIAL SECURITY NO	Catherine O. 17. INFORMANT	ADDRESS	Moore
physician and capapers. Pages moval.	-	YES, NOOR UNKNOWN) (IF YES, GIVE WAR OF	431-01-944	l Annie Covin	igton 311 N.	Monroe St. APPROXIMATE INTERVA BET WEEN ONSET AND DE
Then please remave ta burial, cremation njury, ar ather traum	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDIT	(b) VIMON JE TO, OR AS AT ONSEQUENCE O (c) HAARTSON TIONS CONTRIBUTING TO DEATH	of Disease	INAL DISEASE OR CONDITION	N GIVEN IN PART 1(a)
prior ony	FICATI	19a DATE OF OPERATION 196	CONDITION FOR WHICH OPERA	TION WAS PERFORMED	20a. AUTOPSY? 20b.	AT VIEW TAKEN THE PARTY OF THE
ws ws	=======================================				YES NO	YES NO
ental Hygiene Hem 18 shaws	SICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)		AR 19	INC	ERTIFYING CAUSES OF DEATH?
A Mental Hygiene or Item 18 shaws	MEDICAL CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 216	IOUR A.M. MONTH DAY YE	19 21f LOCATION	YES NO	ERTIFYING CAUSES OF DEATH? YES NO
for use as the build-tronsit per of Health and Mental Hygiene of I is marked or frem 18 shaws.		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 220. I certify that (!) (this haspital) atte saw the deceased alive an above, (!) (we) (did) (did nat) view to	IOUR A.M. MONTH DAY YE P.M. P. PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARM, ETC	21f LOCATION STREET , 19 ., and that in (my) (aur) apinian (YES NO	ERTIFYING CAUSES OF DEATH' YES NO
IL DIRECTOR: After this certificate has etached for use as the burial-transit per te Dept. at Health and Mental Hygiene i: If Item 21 is marked ar Item 18 shaws.		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE OT WHILE CAT WORK 220.1 certify that (!) (this haspital) atterated to the deceased alive an	IOUR A.M. MONTH DAY YE P.M. P. PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARM, ETC	19 211 LOCATION STREET	YES NO	ERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE COUNTY STATE , 19 , that (1) (we dispute the causes state
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/4		STATE OF MARYLAND
1	1 - ST	
		GISTRAR CERTIFICATE OF DEATH REG. NO.
		SED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONUM DAY, YEAR 20. HOUR
3/25	(TYPE OR P	Thomas Corination 8/12/81/10 m.
b) \$2	3. SEX	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
(ham)		MONTH / DAY / YEAR / MONTHS DAYS HOURS MIN
3 (44)	7 DIDTIL	Tale Diach. 9/1/04 19 YRS.
1 300	7a. BIRTHI	
J. K. Line decay		N.C. U.S. A WIDOWED DIVORCED 1/50110. CITI, MD.
1 11 11	10. SITY C	DR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IPADT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
5 5 59	120	Ito. City Ian Secours.
212 Fin be fin	USUAL RI	ESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
AND 24 h	130. 317	12336
7 7 75	14. FATHE	R'S NAME IS MOTHER'S MAIDEN NAME
A 3 de S	1	FIRST MIDDLE AST
S e e	14= 14/45	DESIRY COVINGTON HANNON BOSTICK
MORE,		OOBUNKNOWN) (IF YES, GIVE WAR OR DATES)
S. Po	[11) 215-05-0596WITHE COVINGTON (100) HONDUI-ton 31
a 0 0 a - £	18.	CAUSE OF DEATH (Enter only one cause per line for 194 fly, and 101)
T.,		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)
	14	DUE TO SA CONSEQUENCE OF ()
PRESTON ne death ce emove codin matian, or r	E	anditions, if any, which ((b) (MCMALA)
PREST	90	over ise to immediate puse (a), stating the DUETO, OR AS A CONSTQUENCE OF
to xee X		derlying cause last.
o triol	PAI	RY2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	Z	1/2 a The Total Condition of Security to Death But Not Recalled to the Terminal Disease or Condition Given in Part 1/61
0	D 190	DAJE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS USED
A REC	SF	IN CERTIFYING CAUSES OF DEATH?
	CERTIFICATION 160	YES NO YES NO NO
NOF VITA BICIAN. TI ng physici certificate riol-tronsi entol Hygi	0.0	ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
SICIA ng pl certif certif triol-t	Q (FEITHER NOTIFY MEDICAL EXAMINER) P.M. 19
STOI PHY ending this dor	W 1	INJURY OCCURRED 210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY OR TOWN COUNTY STATE
DIVISION or offendi After this se as the bu		HILE NOT WHILE AT WORK
0 0 4 9 0 E	220	I certify that (I) (this haspital) offended the deceased from
2 9 5 5 5 2		saw the deceased slive an North and the courses stated and the dot and hour and from the couses stated approve, (Dwe) (did (did not) view the body after death.
OR ATT te hospit DIRECTO Soched for Dept. of	22b	DEGREE DEGREE
		ATTENDING MEDICAL STAFF PHYSICIAN DOIRECTOR PHYSICIAN [] 8 13 8
by by by Store de	22d	PHYSICIAN'S NAME (IVPE OR PRINT) 120 ADDRESS
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TO HOSPITAL (retained by the TO FUNERAL Eshould be deton with the State Elimportant: if		- WATU 91. DECIPINA 1170 00 1011 1110 18 8 1 2100)
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S U CBP		Durial 8-16-81 Church Cenetery Richmond N.C.
DHMH-16 30M 2/80	24 FUNEI	RAL DIRECTOR ADDRESS ADDRESS ADDRESS
(VRA 15, 4)	a	MAN C. March 1101. E. North Hun AUG 14 1981 Mine Juntleston



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

IF UNDER 1 YEAR

BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY

176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

13e STREET ADDRESS 4310 Seminole Avenue

Avery

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO [

COUNTY STATE

22t. DATE SIGNED

MD

Burial

Westview Mem Pk

DHMH - 16 50M 1/81 (VRA 15, 4)

24 FUNERAL DIRECTOR

FOR

REGISTRAR

- STATE

Wm. C. March F/H

1101 E. North Ave.

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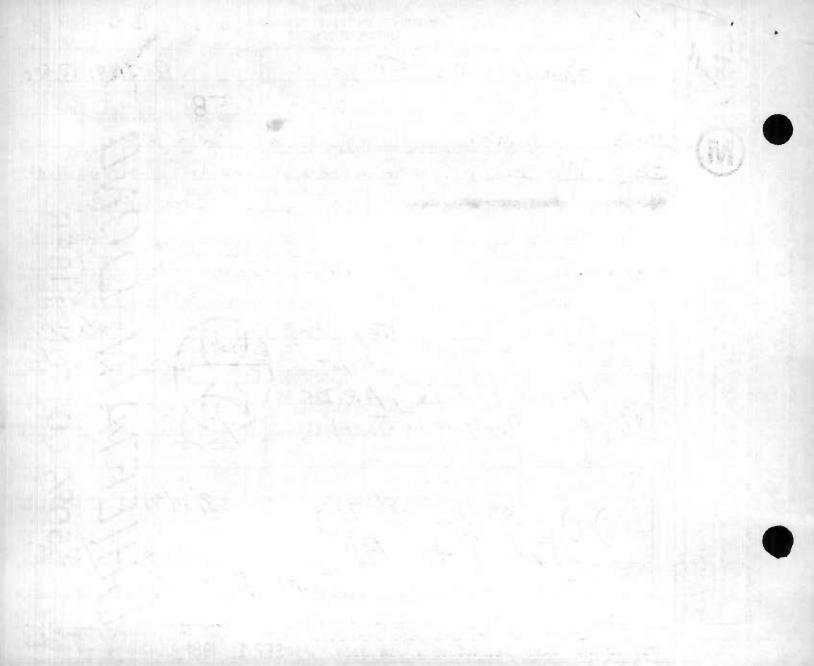
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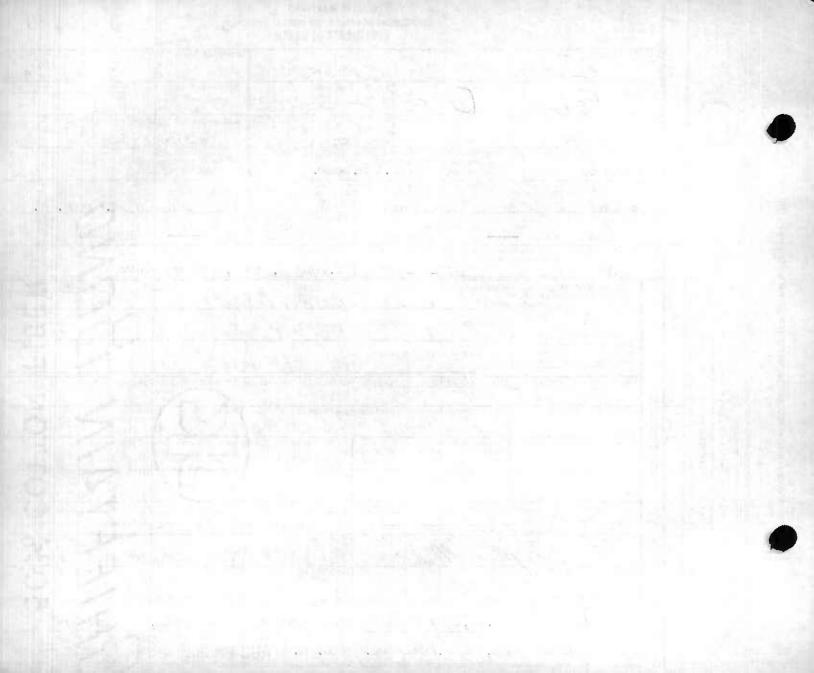


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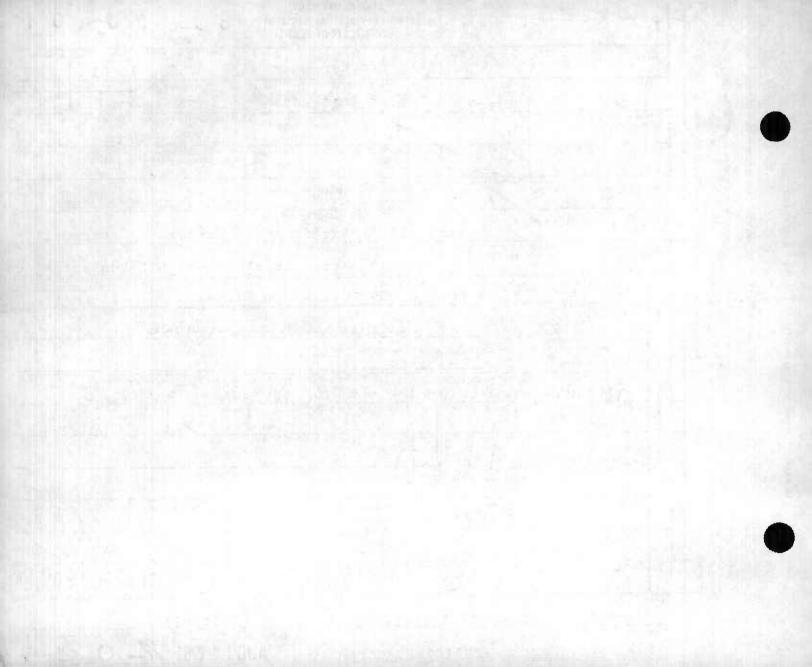
6	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 2	0 4 7 9	
e 6 4	1. DECEASED NAME FIRST [TYPE OR PRINT] Bessi	e L. Crockett	LAST	20. DATE OF DEATH MONTH DA	20 1100K	
(M)	3. SEX Female	4 RACE White	5. DATE OF BIRTH MOTH 27AY 93 YEAR	6. AGE (IN YEARS LAST BIRTHOAY) 87 YRS.	UNDER 1 YEAR IF UNDER 24 HRS	
113	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Virginia	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore City or County of DEATH Baltimore City		
by the filled with	Baltimore	St. Agnes Ho	**	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Seamstress	12b. KIND OF BUSINESS OR INDUSTRY	
filled in ould be	Maryland 136 cou	or other institution, give residence befor INTY 136. CITY OR TOV Balting	N 113d. INSIDE CITY LIMITS?	13° STREET ADDRESS 4629 Edmond so	n Ave.	
completely is 1 and 2 sh	14 FATHER'S NAME FIRST Fielden	MIODLE LAST		WIDDLE	Blessing	
e exec n ond Poges	160. WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) [IF YES, G	IVE WAR OR OATES)	rity NO. 17 INFORMANT -3216 Ruth G. I	Brown Same as	# 13e	
to the death certificate by the attending physician se remove carbon popers. cremotion, or removal.	PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which	DUE TO, OR AS A CONSEQU	tured alea. a	rosta anewys	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
luires the signed nen plece of buriol lury, or lury, or		DUE TO, OR AS A CONSEQUE	ENCE OF EVE OF TWO ONTH	with Son, lity MINAL DISEASE OR CONDITION GIVEN	IN PART 1(0	
ony only	190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a. AUTOPSY? 20b. IF YES, V IN CERTIFYII YES NO YES	WERE FINDINGS USED NG CAUSES OF DEATH?	
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TO HOSPIT retoined by TO FUNER should be e with the Sit	STANLEY 23a BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL		NAME OF CEMETERY OR CREMATORY Orraine Park	Baltimore Cit	county Md. Md. State	
DHMH-16 30M 2/80 (VRA 15, 4)	MacNabb Funer	Catonsvi		TE REC'D BY REGISTRAR 251 BEGISTRA JG 2 4 1981 Rance	R'S SIGNATURE	

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# C#		CEASED NAME PROF	erine Z	= /	LAST CARACTER			26. HOUR-
000	3.56		1 RACE		E OF BIRTH	6. AGE (IN YEARS LAST BIRTH		IF UNDER 24 HRS
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MARYLAND 2120 MARYLAND 2120 and	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP	R OTHER INSTITUTION, GIVE RESI NTY 1136. CT	TY OR TOWN	AES NO [130. STREET ADDRESS	sco St. Balto	.Md.
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DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALT NG PHYSIC IAN. The law requires that the death certificate attending physician strending physician. The the certificate has been signed by the attending physicians at the burial-transit permit. Then please remove carbon papers than Americal Hyggeries prior to burial, cremation, or removal arked or term 18 shows alry trijury, or other traumatic event, the		18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA) Conditions, if any, which gave rise to immediate cause (a), storing the underlying cause last.	D BY: TE CAUSE (to) DUE TO, OR AS A C	CONSEQUENCE OF	Left Co	y arres		ATE INTERVAL NSET AND DEATH
CORDS, 301 v. requires the cen signed by it. Then please for the buriol.	MINON	PART 2. OTHER SIGNIFICANT (F/CC	1PI)	UT NOT RELATED TO THE TERM			16-20
TAL REC	CERTIFICATION		PVen	tral	Hernia o	P YES NOW	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O YES	OF DEATH?
NOF VITZ	1-520	27a. ACCIDENT WAS UNDERLYING CONTONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MC	ONTH DAY YEA		RED (ENTER NATURE OF INJURY	IN ITEM 18, PART 1 OR PART 2)	
OIVISION OF PHY other this in the but hand M rised or	MEDICAL	S14 INJURY OCCURRED WHILE AT WORK	21e. PLACE OF INJU (AT HOME, STREET, FACTO	JRY ORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDIA apital or CTOR: Al Siter ser of Health		724.1 certify that (I) this hospi saw the deceated alive on above (I) (***) (did) (did uo	8/14/8	/ 10	and that in (my) our) opinian	deoth occurred on the dat	e and hour and from the co	ha (II) we) lost ouses stated
TAL OR FAL DIRE defoches defoches NT, if then		226 SIGNATURE	phen III	1. Doben	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA		4/81
O HOSPITAL resolved by the TO FUNEEAL with the State		Steph	en M	Doben	27e. ADDRESS Bal	17. Gen	Hosp	
2303	1	BURIAL CREMATION, REMOVAL	1236 DATE Aug. 18, 198		CEMETERY OR CREMATORY	23d. LOCATION Batimore	e, Marylan	nd STATE
DHMH-16 60M 1/73 (VR A 15 (4))	24. Ft	damely Funeral	Home, 130 E.	Fort Ave.	Balto. Md. 250. DAT		Name Cam	RE



1	1	FOR - STATE		DEPARTMENT	TATE OF MARYLA OF HEALTH AND A	MENTAL HYGIE	NE 8	2	0 4	8 1
		REGISTRAR CEASED NAME FIRST		WIDDLE	TIFICATE OF D		REG.			
of the of		E OR PRINT) Mary			rowner		20. DATE OF DEATH			26 HOUR
moy be poge 3	3. SE	x	4 RACE		TE OF BIRTH	6	AGE (IN YEARS LAST I		3 81	IF UNDER 24 HRS
4 2.00		female	black		5 17	O 7	74	YRS.	MONTHS DAYS	HOURS MIN
Pogo.	Jo B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY? &	RRIED NEVER M	ARRIED 7	BALTIMORE CITY		OF DEATH	
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by the filled with		Baltimore	JIF NOT IN SUC	HOSPITAL, NURSING HO CHEACILITY, GIVE STREET ADDRESS Dunbarton)		20 USUAL OCCUPA (TYPE OF WORK FOR MOS		FE) INDUSTRY	BUSINESS OR
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thin 2 should be	14. F/	MD ATHER'S NAME		Baltimore		MAIDEN NAME		ınbart	ton Ave	nue
30C		leming	MIDDLE	Marshall	Berdi	ie	Warne		Mars	hall_
Poges			GIVE WAR OR DATES)	16b SOCIAL SECURITY N				RESS		
physicion popers. P navol. ent, the m	-	NO 18 CAUSE OF DEATH Enter of		N/A	Mrs.	Ethe	Inomas	622		ton Ave
w requires that been signed by ' mit Then please ariar to burial, cri any injury, ar ath	ATION	PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT PART 2. OTHER SIGNIFICANT PART 3. OTHER SIGNIFICANT PART 4. OTHER SIGNIFICANT PART 5. OTHER SIGN	CONDITIONS CO	ONTRIBUTING TO DEATH CONTRIBUTING TO DEATH ONTRIBUTING TO DEATH ONTRIBUTING TO DEATH	BUT NOT RELATED	PULM		UBER(ULOSTS S, WERE FINDING	GS USED
i. The lav	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	211 DAE O	FINIURY	21¢ HOW IN	ILIPY OCCUPRE	YES NO NO NO NE	IN CERTIF	FYING CAUSES C	DF DEATH?
iding physician. is certificate hos buriol-transit pe l'Amental Hygiene or Item 18 shows	MEDICAL C	OR CONTRIBUTING CAUSE OF D	EATH HOUR A	MONTH DAY Y	19		CENTER NATURE OF IN	JURT IN HEM 18 P	PART OR PART 2)	
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pritol for us of He		22a. I certify that (I) (this has saw the deceosed alive o above, (I) [we) (did) (did r	81131	81 10	, and that in (my) (, 19 (our) opinian de	ath occurred on the	date and hav		hat (II (we) last ouses stoted
by the haspit NERAL DIRECTC be detoched for a Stote Dept of TANT: If them 21		22b. SIGNATURE	MO	in seem		TTENDING PHYSICIAN	MEDICAL ST. DIRECTOR ☐ PHYS	AFF	13- N	IGNED
D the Part of the		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	BA	220 ADDRESS	NSM W	IORIAL	1920H	TALI	BATIMO
Off Carry Mary	23o I	BURIAL, CREMATION, REMOVA			OF CEMETERY OR C	REMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP	24 F	Buria1 UNERAL DIRECTOR	8/17	7/81 Quee	n's Char	oel	Beltsv:	ille		Md.
MH - 16 50M 1/B1 (VRA 15, 4)		NAME	rah E/r	ADDRESS			IG 1 4 198	1 250. REGIST	KAK'S SIGNATU	ME .
		illiam C. Ma	TCH F/H	1 1101 E. I	orth Av	e Al	16 1 4 130	Mas	Ke delay	Charth



	1			STATE OF MARYLAND			
		FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B REG. N	20	4 B 6.
E)		CEASED NAME FIRST LOUI	SE C	UMBERLAND		MONTH DAY YEAR ST 29,1981	26 HOUR 4:20A.
40	3 SI		4 RACE	S DATE OF BIRTH June 26. 1904	6. AGE (IN YEARS LAST BIR		AR IF UNDER 24 HRS
Z. F.	70. E	Female MIRTHPLACE (STATE OR FOREIGN ATTRIMOTE, Md.	White The CITIZEN OF WHAT COUNTRY? U.S.A.		9. BALTIMORE CITY	YRS. PR COUNTY OF DEATH	
Tiffed to the state of the stat	10. (Baltimore	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED DIVO	12a USUAL OCCUPAT	ore City ON 126. KIND FORKING LIFE INDUSTI	O OF BUSINESS O
old be filed was be logif	USU	IAL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFOR	E ADMISSION)			
See and	14. F	ATHER'S NAME	Baltimo	is mother's maiden in	908 S.	. Kenwood	Avenue
3500		Charles	Stirlir Stirlir		WIDDIE	Engle	hardt
s. Poges medical	160	WAS DECEASED EVER IN U.S. AF	VE WAR OR DATES) 216-54-	ority no. 17 informant Bal -0156 Norman H.	timore, ADDRE	ss Md. 212 nd+908 S.	24 Kenwood
ive carbanpape ilan, or removal. Sumatic event, th		PART I. DE ATH WAS CAUSE	nly one couse per line for (a), (b), are ED BY: TE CAUSE (a) HEPATIC DUE TO, OR AS A CONSEQU (b) TOXIN OR	FAILURE ENCE OF		AUC. BETWEE	Oximate interval en onset and death
burial, crematry, or other tre		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU		MINAL DISEASE OR CONI	DITION GIVEN IN PART	160
shaws any inju	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? YES X NO	20b. IF YES, WERE FINI IN CERTIFYING CAUS YES [NO X
Item 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M.	AY YEAR 19	RRED (ENTER NATURE OF INJUS	RY IN ITEM TB. PART T OR PART 2	?)
h and M	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
of Healt		sow the deceased alive on above, (1) we) did (did no	AUGUST 29 at) view the body ofter death.	AUGUST 29 , 19 8 81 , ond that in (our) opinion	, 10	29 19 81 ote and hour and from t	, that ((we) lo he couses stated
ote Dept		22b. SIGNATURE	mer, M.D.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAR	F I AUG	UST 29,1
with the St MPORTAN		TAMES ROM	JAMES ROMMER	, M.D. 220 ADDRESS CHURC BROADWAY, E	CH HOSPITAL (BALTIMORE, MA	CORPORATION ARYLAND 21	, 100 N. 231
, 3 ≤	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) Cremat ko	8/31/81 Lo	NAME OF CEMETERY OR CREMATORY OUDON Park Ceme	1224 LOCATION		
50M 1/B1 5, 4)	24. F		E. Baltimore St. ADDRESS		DE PEC'D. BY BEGISTRAR		

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4		1. DE	STATE REGISTRAR CEASED NAME FIRST	MIDDLE		ICATE OF DEATH	REG. NO.	DAY YEAR	2b HOUR
y # #		(TYPE	DALE	Gray C	URRY		08/19/81		10:02
- 1		3. SE	Male	4. RACE White	5. DATE O	28 DAY 32 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 119 YRS	MONTHS DATE	IF UNDER 24 HRS HOURS MIN.
	3		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COURT	MARRIE		9 BALTIMORE CITY OR COUN BALTIMORE C		MD
s ofter by the filled with	33	В	altimore	1. NAME OF HOSPITAL, N HENOT IN SUCH FACILITY GIVE THE JOHNS	CIDEET ADDRESS!		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Pharmacist	126 KIND C INDUSTRY Phai	rmacy
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be execution on ond co.	3		VAS DECEASED EVER IN U.S. ES. NO OR UNKNOWN) NO	GIVE WAR OR DATEST	2 9891	Nancy Cur	ry Marlin	ton,WV	24954
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hed by Recollecting the state of the state o			Conditions, if ony, which gove rise to immediate cause (a), storing the underlying cause lost	DUE TO, OR APIA CON	SEQUENCE OF		benie caedem	nogatty	period
low refige	7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	interfa	ution 4/h	MINAL DISEASE OR CONDITION G	ES, WERE FINDIN	NGS USED
H in the second	9	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		H DAY YEAR	21c HOW INJURY OCCU		TIFYING CAUSES YES 8 PART OR PART 2)	NO [
NC PHYSICIAN offending physic lifer this certifical os the buriol-front th and Mental Hys		MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMI		FFICE FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ATTENDING Spiral or of CTOR. After for use ost of Health			27a I certify that (I) (this has sow the deceased dive	on not) view the body offer death.	rom), on	o that in (my) (our) opinion	to death occurred on the date and hi	, 19 A ,	that (I) (we) lost couses stated
Y the how			22b. SIGNATURE	J. Py-	n		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED 1/A
TO HOSPI reformed b TO FUNE should be with the St	/		MICHAEL			22e ADDRESS	Haplan Hospi &		
BP			urial, cremation, remov specify) B urial	8-22-81		in View	23d LOCATION War Inton	Poca ·	- MA.
DHMH - 16 50M 1/8 (VRA 15, 4)	1		INERAL DIRECTOR	history mid.	RESS	250 40 4	G 27 1001 21	STRAP'S SIGNAT	URE

	1 - STATE REGISTRAR		DEPARTM		ALTH AND A	EATH	IENE 🗘	REG. NO.	4 0	a C)
	1. DÉCEASED NAME (TYPE OR PRINT)	AURA	G.	LAS	USIC		20. DATE OF	DEATH MONTH	DAY YEA	2b 1	HOUR O
	3. SEX	4 RACE	1,42	5. DATE OF			6. AGE IN YE	ARS LAST BIRTHDAY)	IF UNDER 1 Y		NDER 24 HRS
١	Female	Whi	te	MONTH	10	89	9:	2 YR		AYS HOL	URS MIN.
ľ	TO BIRTHPLACE (STATE OR FOR	REIGN 76. CITIZEN OF	WHAT COUNTRY?	8				E CITY OR COU		1	
ζ	Maryland	U.S	.A.	WIDOWED	NEVER N	ORCED		imore C			
	ID CITY OR TOWN OF DEATH		HOSPITAL, NURSING					CCUPATION		ID OF BU	SINESS OR
	Baltimore	4607 W	ilkens Av	enue				FOR MOST OF WORKIN	IG LIFF) INDUS	RY	3114E33 OK
1	Maryland	SHOWE ON OTHER INSTITUTION	13c. CITY OR TOWN Baltimor	4 11	3d. INSIDE CI	TY LIMITS?	13e. STREET A	DDRESS Vilkens	Avenue	21	.229
	14 FATHER'S NAME	MIDDLE	1455	1		MAIDEN NAM					
	George	MIDDLE	Butterw	orth	Ju	ilia		WIDDIE	F	h111	ips
1	160 WAS DECEASED EVER IN		166 SOCIAL SECUR	RITY NO. I	7 INFORMAL	VĪ		ADDRESS		-	
	(YES NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	214-05-3	029	There	esa E.	Cusic	4607 Wi	lkens A	ve.	2122
	Conditions, if any, v gove rise to immer cause (a. stating underlying cause	vhich diate the lost. CONDITIONS C	R AS A CONSEQUEN	NCE OF WALL OF LOSS			20a AUTOP	SY? 20b. IF		I I I I I I I I I I I I I I I I I I I	JSED DEATH?
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	OR CONTRIBUTING CAL		M. OF IN IURY	19	II LOCATIO	N					
	WHILE NOT WHILE AT WORK	LAT HOME ST	REET FACTORY, OFFICE, FA	RM ETC)	STREET		al al	CITY OF TOWN	COUNTY		STATE
	sow he decessed proof of the decessed proof	Type OR PRINT! Leviakas,	melles M.D.	ME	REE AT P 220 ADDRESS 5404	TENDING HYSICIAN TE	MEDICAL DIRECTOR C	an the date ond l	7	the cause	_
	23a BURIAL, CREMATION, RE	The state of the s			ETERY OR CI		23d LOCAT	TOWN MANY	COUNTY	7	STATE
	Burial	8/13/	Ner Ner	w Cath	edral	Cemete:	ry Balt	imore		Ma	ryland

Hubbard Funeral Home, Inc. 4107 Wilkens Avenue

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DHMH - 16 50M 1/B1 (VRA 15, 4)

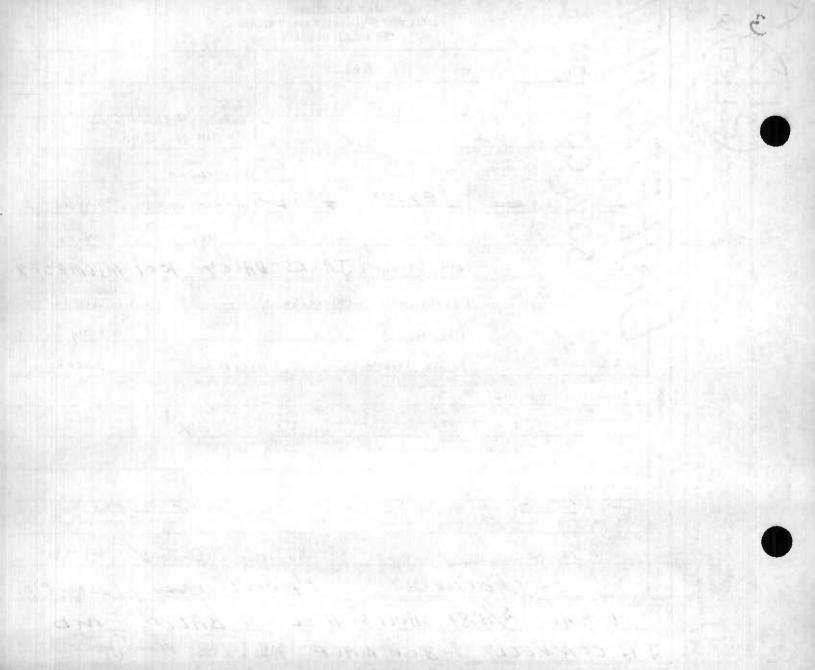
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	11				STATE	OF MARYLAND			
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		REGISTRAR			CERTIF	CATE OF DEATH	REG. NO.		
		CEASED NAME FIRST	N	AIDDLE	L	GUTTINGHAN		ONTH DAY YEA	AR 26 HOUR
moy be poge 3 er deoth	(TYP	Jess'	ie	11	all's	ola m	9	7-9-0	1 113/2
o de de	3. SE		4. RACE		5. DATE O	ERRITH	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 Y	FAR IF UNDER 24 HRS
Pr., offe	3. 52	Male	Rh	~K	MONTH	DAY YEAR	HA		AND MENTER STREET
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A THURST	10. C	TY OR TOWN OF DEATH		OSPITAL, NURS		ROTHER INSTITUTION	120 USUAL OCCUPATIO		ND OF BUSINESS OR
5 3 200	1	allo ma	Un	in ex	31441	termited	(THE OF WORK TOK MOST OF	TORRING EITE) 1140031	IKI
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The low requires that the death certificate be executed within 21 hours after this certificate has been signed by the attending physician and completely filled in as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the and Mental Hygiene prior to burial, cremation, or removal. In and Mental Hygiene prior to burial, cremation, or removal.	Usu	AL RESIDENCE IF MURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
2 3 H E		WY Jacon	*11	Baro		YES X NO	1015 W.	Mulberry	v St
YLA The self self self self self self self sel	14. F/	THER'S NAME		12-00	10	15. MOTHER'S MAIDEN NA	AME .	TOTAL	
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MORE e execu		YES NO OR UNKNOWN) I HEYES GIN	E WAR OR DATES)	211 11	1				
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BAL sote open vol.		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly one cause per	line far (p), (b),	ond (q.)	_	1	BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
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deoth deoth other control oump		Conditions, if ony, which	((b) \	A PM	MOCOC	cal pres	monia		
he o he o emo		gove rise to immediate cause (a), stating the	SUF TO OR	AS A CONSES	UENICE-OF	7			
that the the last the societies of the resource of the resourc		underlying couse last.	DOE TO, OR	AS A CONSEC	Sincola	Ma		5 000 000	
201 es the pled pled priol		PART 2. OTHER SIGNIFICANT	ONDITIONS CO	NTPIRLITING T	O DEATH BUT	NOT BELATED TO THE TERM	AINIAI DISEASE OR CONDI	TION CIVEN IN PAR	T 1/0)
ps, sign hen to bi	Z	1 stoolsest	co ten	1 2-0	~C	NOT KEENTED TO THE TERM	MITTAL DISEASE ON COMP	TION ON EN HAT AK	1 110
ow re	CERTIFICATION	19a. DATE OF OPERATION	196 CONDI	TION FOR WHIC	CH OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	VDINGS USED
L RE.	딢							IN CERTIFYING CAU	ISES OF DEATH?
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F VI		OR CONTRIBUTING CAUSE OF DE		M. MONTH	DAY YEAR	211. HOW HAJORT OCCOR	RED (ENTER NATURE OF INJURY	IN HEM IS PART TORPART	. 2)
PHYSICIA PHY	S	(IF EITHER NOTIFY MEDICAL EXAMINER			19	E. C. L. C. C. C. C.			
PHY rendi this the bind w	MEDICAL	21d. INJURY OCCURRED	218. PLACE C	OF INJURY EET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET	CITY OR TOW	N COUNTY	Y STATE
DING PHY or ottendia After this e os the bu		AT WORK NOT WHILE AT WORK						- 0-1	
NDU NDI		.22a. I certify that (I) (this hospi			5	19 6	, to	19 8	, that (I) (we) lost
Point Porto Porto 120		sow the deceased alive an abave, (I) (we) (did) (did no	t) view the body	ofter death	<u>81</u> , an	d that in (my) (our) opinian	death occurred on the date	e and hour and from	the couses stated
OR A DIRECTOR OF THE POST OF T		226 SIGNATURE	12000			DEGREE		22c. D.	ATE SIGNED
<u> </u>		Y I tour	nnn	m	0	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA		18-12
PHY PHY		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		<u> </u>	22e ADDRESS			131
O HOSPITAL etoined by t TO FUNERAL should be det with the Store		Nehm	avo			Ministe	relle 2	t in and	n 1
TO HOSPITA retained by TO FUNERA should be di with the Sto	22-	BURIAL, CREMATION, REMOVAL		1 22	NAME OF C	WEIEDY OD COST	1331 10CATION	took! I	<u> </u>
207	230.	Burial Burial	8/15/			METERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
802BP			0/13/	01	westv	iew Mem. Pl		re Co	ND MD
DHMH-16 30M 2/80		UNERAL DIRECTOR	D /	ADDRESS	5	25a. DA	TE REC'D. BY REGISTRAR	Name Alle	12 million
(VRA 15, 4)		Wm. C. March	F/H 1	101 E.	Nort	h Ave. Al	JG11 1981	- 01	97

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	FOR 1 - STATE REGISTRAR	DEPARTMENT OF HEA	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE O REG. NO	20486
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE LAST			MONTH DAY YEAR 26 HOUR
	MARY		LEY		38 11 81 735
	11.002	RACE S. DATE OF I	BIRTH DAY YEAR 2 6 15	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS
MB	BIRTHPLACE (STATE OF FOREIGN TO. COUNTRY) W. VIRGINIA	CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED	□ NEVER MARRIED □	BACTIMORE CITY OR	COUNTY OF DEATH
37	10 CITY OR TOWN OF DEATH 11. BACTIMORE	NAME OF HOSPITAL, NURSING HOME OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MERCY HOSPITAL		120 USUAL OCCUPATION OF FOR MOST OF HOMEMAKER	
35	HARYLAND BALT		3d. INSIDE CITY LIMITS?	13e STREET ADDRESS	= ROAD BACTMORE, H.
030	WILLIAM E	POOCE 15	MOTHER'S MAIDEN NAM		WYRE
medical 2	160 WAS DECEASED EVER IN U.S. ARMED	PORCES? 166 SOCIAL SECURITY NO. 17	7 INFORMANT	ADDRES	
on, or removel.	IMMEDIATE CA	ne cause per line for (a), (b), and (c) Y: AUSE (a) PULMOWARY H DUE TO, OR AS A CONSEQUENCE OF (b) PNEUMONIA	CHORAHAGE		approximate interval BETWEEN ONSET AND DEP 3 hours
ry, or other tro	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONI	DUE TO, OR AS A CONSEQUENCE OF		KEMIA NAL DISEASE OR CONDI	3weeks
on proof to those only injury	Thrombocytopen 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING			20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
tem 18 y	OR CONTRIBUTING TO CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	TE HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18, PART I OR PART 2)
orked or	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE ALWORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.)	If LOCATION STREET	CITY OR TOW	N COUNTY STAT
121 h m	saw the deceased alive anA abave((1))we((did)(did nat) vie	pottended the deceosed from JULY 2 August 11, 1981, and the body offer death.		eoth accurred on the dot	e and hour and from the causes state
Stote Dep	226. SIGNATURE		GREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	271. DATE SIGNED 8-11-81
WPORTA	22d. PHYSICIAN'S NAME APE OR PRIN	JIEGMANN	20 ADDRESS MERC	YHOSPIM	Ex, BALTO, M.
333	230 BURIAL, CREMATION, REMOVAL 23	8/	HILL	23d LOCATION CITY OF TOWN	COUNTY STATE
_	24 FUNERAL DIRECTOR	115/81 HOLLY	17 1 hm	DALL	0, 140



MIDDLE

FOR

1. DECEASED NAME

REGISTRAR

- STATE

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

20 DATE OF DEATH MONTH 2h HOUR

6:00A IF UNDER 1 YEAR IF UNDER 24 HRS

BALTIMORE CITY OR COUNTY OF DEATH

Baltimore City 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY

Beth Steel

2032 Swansea Road

LAST

Lauretta H. Darin 2032 Swansea Rd.

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

20b. IF YES, WERE FINDINGS USED

LAST

IN CERTIFYING CAUSES OF DEATH? YES [

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

22c. DATE SIGNED Aug 3, 1981

Good Samaritan Hospital Baltimore, Md.

Cockeysville Balto. Co. Md.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAD'S SIGNATURE 24 FUNERAL DIRECTOR

Dippel Funeral Homes, Inc. ADDRESS 7110 Belair Road Baltimore. Md

STATE

- 150 × ₆2 - 10.

Joseph Mayide, 18. Good Emarrites Marginesh Militations, W.

surjet dum A, 1981 Deleney Valley Comercial Codesynville Dalto, Co, De.

	1.	FOR STATE REGISTRAR	DEPAI	RTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 1 2	0 4 8 8
9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9		CEASED NAME DEMETS BABY			OUST	20. DATE OF DEATH MONTH	2b HOUR 20 10:55@M
moy moy	3 SE		4. RACE	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 MRS
4 100		Male	Caucasian	Aug	. 13,1981	YRS	MONTHS DAYS HOURS MIN.
death. Page		IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTR	Y2 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
to are	В	altimore	USA	WIDOW		BALTIMORE CI	CTY MD
	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	12b. KIND OF BUSINESS OR
s offer		Baltimore	THE JOHNS H		S HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LI	FE) INDUSTRY
212 hour	USU 3a.	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESIDENCE BEI	ORE ADMISSION)	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	
24 AND		Md. A		n	YES NO A	8195 Village	Road
RYL.	4. F.	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NA	ME	
P () 20	2	Jack	Daily		Lucille	Model	Daoust
MORE,		WAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? IVE WAR OR DATES) 16b. SOCIAL SE	CURITY NO.	Mother, sam	ADDRESS ie as 13	
In requires that the death cer is sheen signed by the attending sermit. Then please remove carbo be prior to burnol, cremotion, ar revs any injury, ar other traumatic elections.	ATION	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSECTION OF THE TOTAL OF T	DUENCE OF DUENCE OF		NINAL DISEASE OR CONDITION GIV	8/15/81
TAL REC The law ician. te has be ssit permi	CERTIFICATION	Non				YES NO NO YE	FYING CAUSES OF DEATH?
ON OF VITA IYSICIAN: The ding physicic is certificate burial-transit Mental Hygic Mental Bahc arritem 18 sho		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18, F	PART I OR PART 2)
/ISIG	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE		211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDING hospital ar a IRECTOR: Afte for use as spt. of Health tem 21 is mark		saw the deceased alive ar	oital) attended the deceased from	8° (, a)		deoth accurred on the date and hou	19, that (I) (we) lost or and from the couses stoted
TO HOSPITAL OR A retained by the hor TO FUNERAL DIRE should be detoched with the Store Dept with the Store Dept IMPORTANT: If then		TEO. PHYSICIAN'S NAME (PIPE	- B 6.5-	m	DEGREE ATTENDING PHYSICIAN [22e. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	272. DATE SIGNED 8/15/8/
TO F shoul	22-	PURIS CREMATION OF THE	Davbesa	NAME OF C	EMETERY OR CREMATORY	1. CMSC - GC	J
BP	230	BURIAL, CREMATION, REMOVAL			aven Mem.Pk	CITY OR LOVIN	, CONA, Md. STATE
Jel DHMH-16 30M 2/80 (VRA 15, 4)		uneral director James S. Kirl	kley, Glen Bu	rnie.		UG 20 1981	

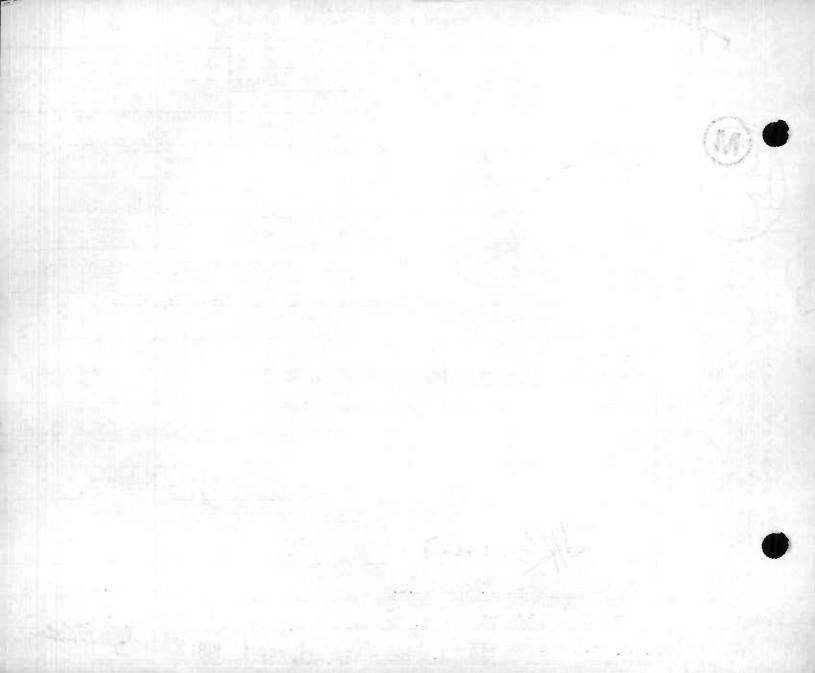
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1.0	REGISTRAR DECEASED NAME	FIRST	7412	MIDDLE	LAST	TCATE	20. DATE KNOWN	NO.	DAY YEAR	2b. HOUR
	YPE OR PRINT)			Α.			OF ESTI- DEATH MATED	× o	31 ,,81	ZB. HOUR
3. 5	EX I	Marie	5. DATE OF BIRTH	A.	Dash	R. IF UNDER		MONTH	DAY YEAR	M 2d. HOUR
			May 25	YEAR LAST BIRTHDA	MONTHS DAYS		MIN. PRONOUNCED	0		1:16
7.0.	BIRTHPLACE (STA	White	7b. CITIZEN OF WI	1893 88 YR			9 BALTIMORE CIT	8 IX OR COUN	31 1981	a M
5	Maryland		U.S.A.		MARRIED 1 WIDOWED X	NEVER MARRI DIVORC	IED 🔲			MD
10.	CITY OR TOWN C	OF DEATH	11. NAME OF HOS	PITAL, NURSING HOME,	OR OTHER INSTIT	TUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE)	(TYPE OF WORK	126 KIND OF B	
1	Baltimo	ore	1825 Ra	amsev Street	21223		Housewife			TK t
U.S.	STATE Maryland	13b. COUN	OR OTHER INSTITUTION, GI	136 CITY OR TOWN Baltimore			13e. STREET ADDRESS 1825 Ramsay	Stra	at 21223	
14.	FATHER'S NAME		-			THER'S MAIDE	EN NAME	DELEG	CC 2122	
	FIRST	ohn	C.	O'Brien		FIRST	Catherine	Jo	ones	
160	WAS DECEASED		MED FORCES? WAR OR DATES)	16b. SOCIAL SECURITY	NO. 17 INFO	RMANT	ADDR			223
	No No	(IF TES, GIVE	WAR OR DAIES)	217-54-205	5 Mil	ldred I	Dash/1825 Rams	ay St	Balto M	íd
	18 CAUSE OF	DEATH (Enter an	ly ane cause per line	for (a), (b), and (c).)					APPROXIMA BETWEEN ONS	TE INTERVAL
	PARTIDEA	TH WAS CAUSE	D BY: TE CAUSE (a)	Arterioscler	otic car	diovas	cular disease		DETWEEN ON	ET AND DEATH
a e	1429	2		AS A CONSEQUENCE C						3.000
14.		if ony, which to immediate	(b)					700		
	cause (o) s lying cous	stating the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE C	F					
			(c)							
Z		NIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	AL OISEASE OR CONOIT	TION GIVEN IN PAI	R1 1-(a).			
TA N	19a. DATE OF	OPERATION	19b. CONDIT	TION FOR WHICH OPERA	TION WAS PERFO	ORMED?			20 AUTOPS	Y?
1 1									YES 🗆	NO 🔽
18	210 EXTERNAL		216. TIME OF	MONTH DAY YEAR	21c. HOW INJUI	RY OCCURRE	D JENTER NATURE OF INJURY IN ITEA	A 18 PART 1 OR P.		X
MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTIN	∐OR G			Mark Control					
FDA	21d INJURY O		21e PLACE C		21f. LOCATION STREET		CITY OR TOWN			
3	WHILE AT WORK	NOT WHILE E	J SIRCEI, PACI	ONT, FARM, ETC.]	3 (MEE)		CITY OR TOWN	cc	YTAUC	STATE
	22a. I certify	that I taak chara	ge of the remains des	cribed obave, held on	Autapsy .	Inspection	n , Inquiry XX	and in my a	pinion	
	death resulted		rol causes X,			micide .	Undetermined manner	7.	panen	
						(SPECIFY)				
	ACTUAL SIGNATURE_	Men	ua LADo	lan		,	1 MEDICAL EXAMINER	DATE		/81
	_	0								
4	EXAMINER'S N	T) V	irginia L.	Dolan, M.D	ADDRESS	111		Balto.	, MD,	
230	BURIAL, CREMATI	ION, REMOVAL		23c. NAME OF CEM			23d. LOCATION CITY OR TOWN	COL	INTY	STATE
	Buria		09/04/81		edral Ce		Baltimore C	ity, N	Maryland	
24.	FUNERAL DIRECT	OR	ADDRESS	Balto t & Stricker	Md 21223	3 ZSO. DATE	- 1 1 (1) 24 14 14	Planue C	SIGNATURE	y-
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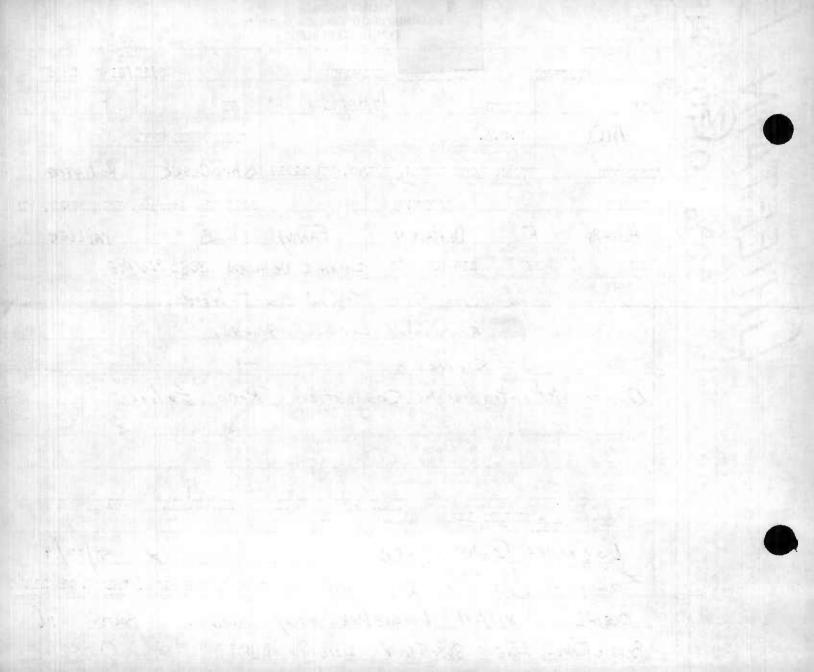
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN [] 2a. DATE CTYPE CHIPPING OF ESTI-DEATH MATED Mark Davis L. 4: RACE AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS DATE OF BIRTH DATE MONTH LAST BIRTHDAY) PRONOUNCED male black 28 31, 8 50 31 81 2:10 YRS 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED FOREIGN COUNTRY) MD USA WIDOWED DIVORCED Baltimore City IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK Johns Hopkins Hospital OR INDUSTRY Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Baltimore 2231 Cecil Avenue YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE James MIDDLE Davis Alberta White 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 7. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) No N/A Alberta Davis 2231 Cecil Avenue CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) SETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) Multiple gun shot wounds Gun: Unspecified DUE TO, OR AS A CONSEQUENCE OF Conditions, if Jany, which gove rise to immediate couse (o) stoting the under-DUE TO. OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HI I PRIOR TO BURIAL, YES & NO T 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING 8/31981 CONTRIBUTING CAUSE OF DEATH 1:20_MPM subject shot 21e PLACE OF INJURY (AT HOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM ETC.) Hoffman&HolbrookAves, BaltimoreCity, street MD TO MEDICAL EXAMINER: 11
EXECUTE THE CERTIFICATE,
PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STA 220. I certify that I took charge of the remains described above, held on Inspection and in my opinion Lx death resulted from: Homicide Undetermined monner TITLE (SPECIFY) DATE 9/1/81 Assistant SIGNATURE EXAMINER'S NAME Hormez R. Guard, M.D. 111 Penn Street, Balto., MD 21201 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Burial Baltimore 9/4/81 Mt. Calvary Cem 24 FUNERAL DIRECTOR **DHMH-17** Wm. C. March F/H 1101 (VR A15 ME (5)) E. North 15M 2/80

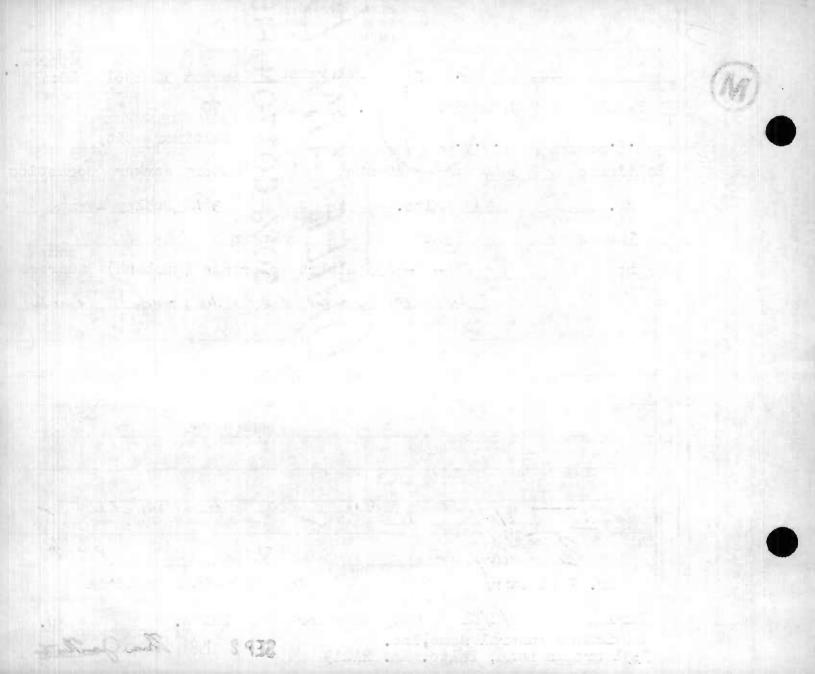


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a DATE OF DEATH 76 HOUR (TYPE OR PRINT) IVAN 23, Woodrow DELAWDER AUGUST 1981 10:46PM 4. RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER I YEAR Feb. 4,1914 YEAR male 67 white TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH W. Va. U.S.A. BALTIMORE CITY WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR Lumber (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
PHE JOHNS HOPKINS HOSPITAL Saw Mill Oper. Baltimore Ellicott City Howard 4641 Woodland Road 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Ida Delawder Strawderman Herman 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 4641 Woodland Road (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! 218 05 7805 Edith Delawder Ellicott City, Md. 21043 250 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line (2010), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o ONSEQUENCE OF bowel Schence gove rise to immediate couse to, stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION Mb CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f. LOCATION 21e PLACE OF INJURY CITY OF TOWN (AT HOME STREET, FACTORY OFFICE, FARM, ETC. NOT WHILE 22a I certify that (1) (this haspital) attended the deceased from sow the decosed live on obove, (I (we) (did) (did not view the body ofter death pinion death occurred on the date and hour and from the causes stated DEGREE MEDICAL STAFF WID DIRECTOR PHYSICIAN ld b 0 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION, REMOVAL 23b DATE 8/26/81 Crestlawn Mem. Gardens | Marriottsville Howard Maryland burial 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 SLACK Funeral Home, Ellicott City, Maryland 21043 AUG 2 6 1981 Zinnes (VRA 15, 4)

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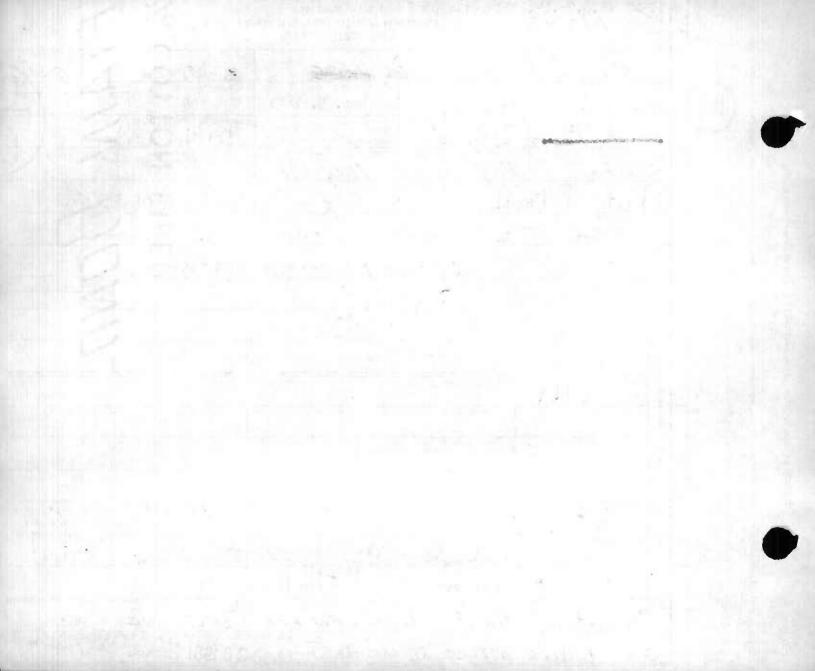


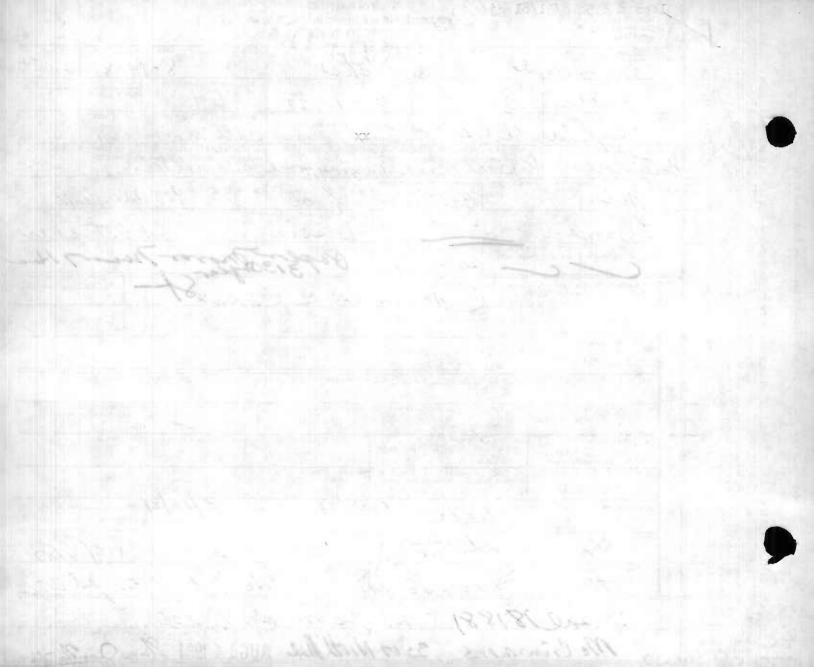
3	FOR STATE REGISTRAR	STATE OF MARYLANG DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEA	NTAL HYGIENE 8 2 0 4 9 5
noy be poge 3	1. DECEASED NAME FIRST (TYPE OR PRINT) Ethe	MIDDLE LAST Demar	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
of oth	3.SEX Female	A. RACE S. DATE OF BIRTH Black MONTH AND THE STATE OF BIRTH AND THE STATE OF BIRTH ADAY ADA	4 AGE (IN YEARS LAST BIRTHDAY) 15 JUNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
leoth. Poge	Balto., Md.	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED □ NEVER MAR WIDOWED ★ DIVOR	RRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
rs ofter d	10 CITY PRIOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF THE PROPERTY OF THE	TION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR (179E OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours system and completely till at in the opers. Pages 1 and 2 should be his wol. it, the medical exerging manufactor.	USUAL RESIDENCE (IF NURSING HOM 130 STATE Md.	Po I to	LIMITS? 13: STREET ADDRESS 4212 Norfolk Ave
MARYLL ed within mpletel and 2 s	Robert	A. Bacon Agnes	
IMORE, In ond co	160 WAS DECEASED EVER IN U.S. (YES NO OR UNKNOWN) (IF YES.	CIVE WAR OR DATES	West 4212 Norfolk Ave.
201 W. PRESTON ST., es that the death certifu ned by the attending ph please remove carbon priol, cremation, or rema	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF COLUMN DUE TO CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	- Squamorus cell
VITAL RECOI	190 DATE CHOPPENTION 2 210. ACCIDENT WAS UNDERLYING	The same of the sa	206. AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YOUR STEEL NO YOUR STEEL OF DEATH STEEL NO YOUR STEEL STEEL NO YOUR STEEL STEE
DIVISION OF VITAL RECORDS, ATTENDING PHYSICIAN: The low requir soptial or attending physician. ECTOR: After this certificate has been sign of for use as the burial-transit permit. Then it, of Health and Mental Hygene prior to b m 21 is marked or frem 18 shaws any injury	1999 the deceased gline	P.M. 10 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET Sospital) of ended the deceased from	STATE STATE STATE 19
OR DIRE	22d PHYSICHAN'S NAME (W	rbeum MD DEGREE ATTE PHY	NDING MEDICAL STAFF SICIAN DIRECTOR PHYSICIAN
TO HOSPITAL retained by the TO FUNERAL should be detrimined with the Store IMPORTANT:	STEPHEN 230 BURIAL, CREMATION, REMOV	AL 236 DATE 236 NAME OF CEMETERY OF CIE.	Ol Lauier/Aul, Salto., Md. 21213
1504 BP	(SPECIFY) Burial 24 FUNERAL DIRECTOR	9/ 1/81 King Memoria	CITY OR TOWN COUNTY STATE
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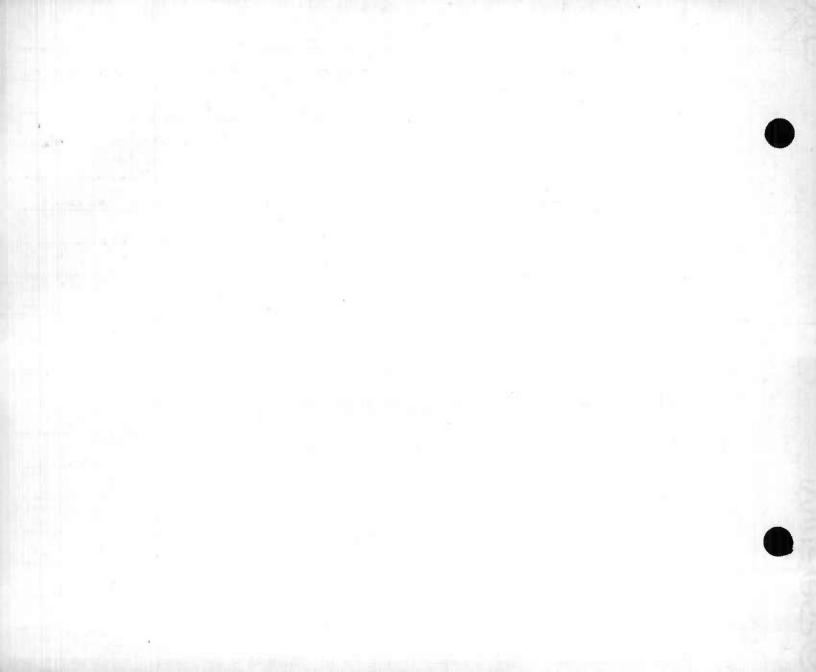
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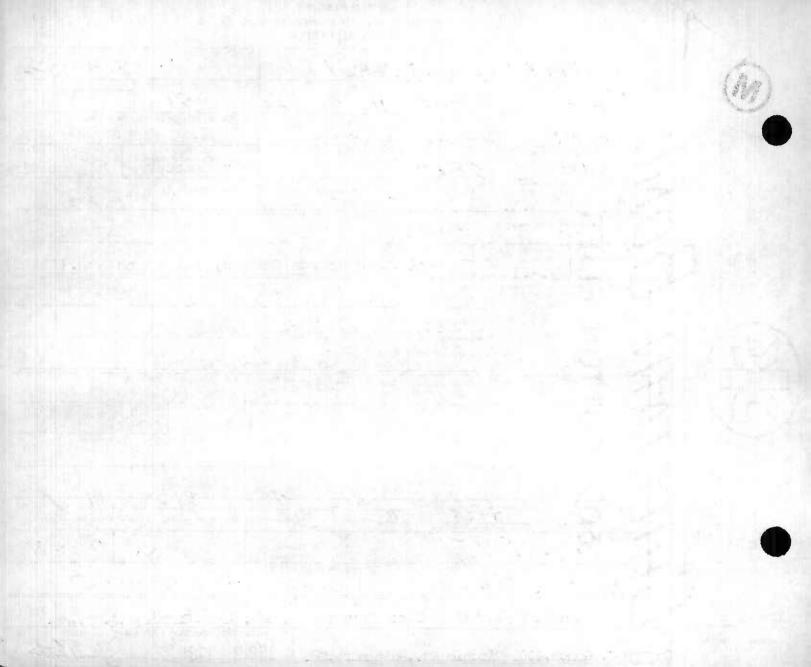
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ECO ony remit.	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION	I WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES O	GS USED OF DEATH?
AI The cion and site has site has site has site has site has a site has sit	ERTIN	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCUR	YES NO	YES TO TEM 18 PART 1 OR PART 2)	NO 🗌
OF CLIA		OR CONTRIBUTING CAUSE OF DEATH	110110 1 11 11011711	DAY YEAR			2,	
P F F F F	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	N COUNTY	STATE
DIVISION OF PROPERTY OF THE PR		22a I certify that (M (this hospita	I) ottended the deceosed from	08-1	27-81,19		- <u>81</u> , 19, tl	hot (we) lost
2 of 6 of 12		sow the deceased alive on obove. (It (we) (did) (did not 22b. SIGNATURE	view the body ofter death.		that in (pv) (our) opinion	deoth occurred on the do	te and hour and from the co	
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/60/BP	8	le matin	8/21/81 23	WEST	VIEW MEM	BALTIN	MORE COUNTY MC	STATE
Leh DHMH - 16 50M 1/76 (VR A 15 (4))		UNERAL DIRECTOR.	ADDRESS	1100		REC'D. BY REGISTRAR	25b. REGISTRAP'S SIGNATU	enther

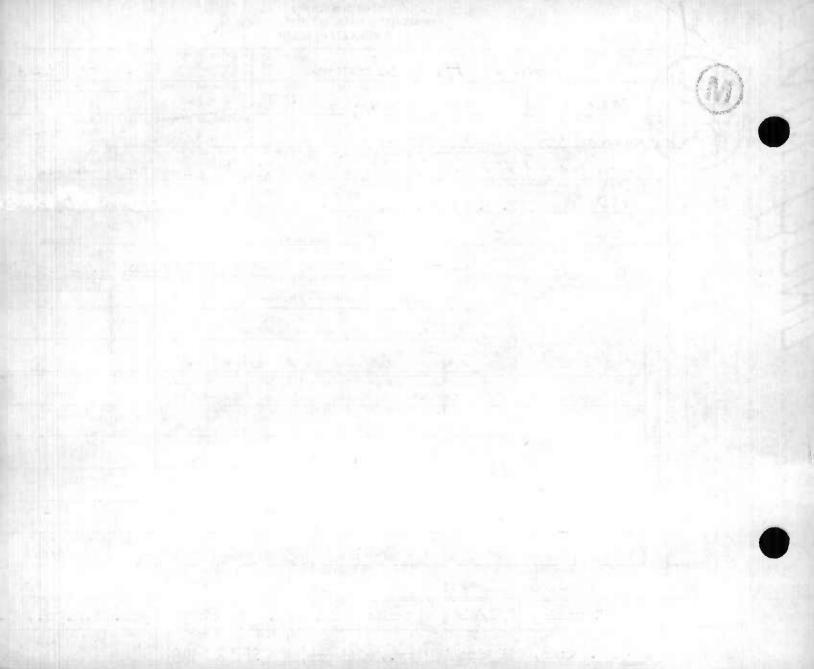


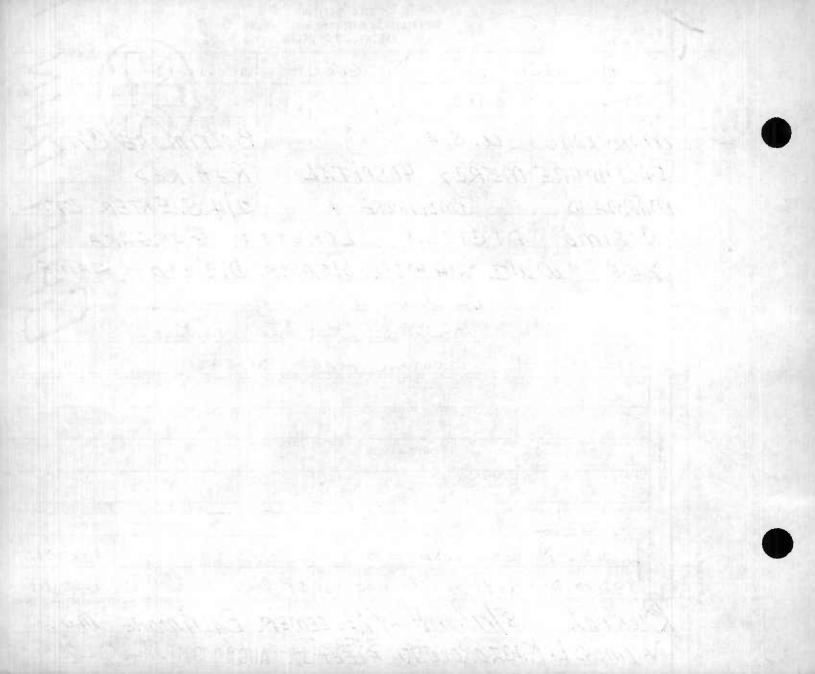




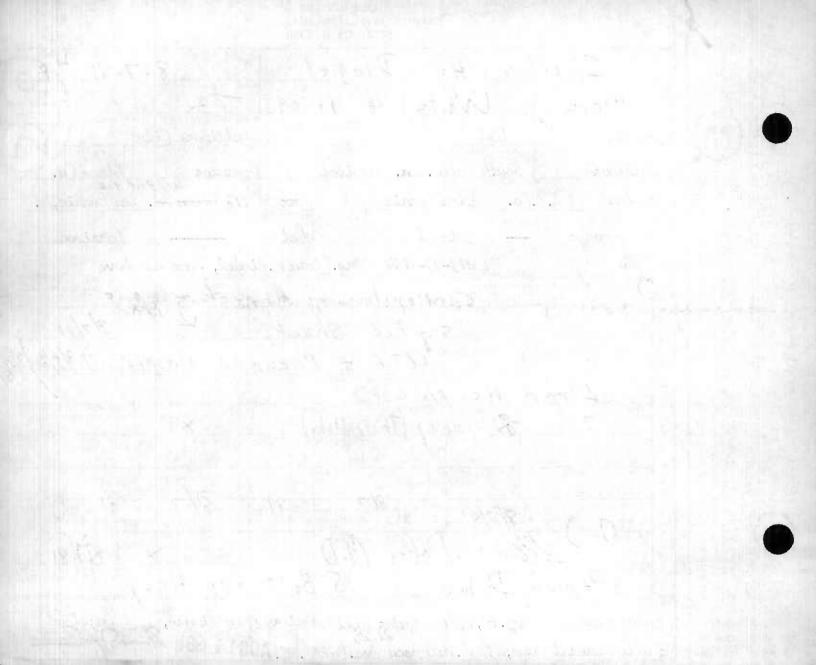


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH MONTH YEAR 26 HOUR (TYPE OR PRINT) 31 8 EDWARD DICKERSON 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR DAYS HOURS 80 White 01 TO BIRTHPLACE ISTATE OF FOREIGN TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY MARYLAND U. SA CITIZEN DIVORCED BALTIMORE WIDOWED-A CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DALTIMORE BALTIMORE RETIPEN GENERAL TATE ENGINEERING DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 212D USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
1136 COUNTY
137 CITY OR TOWN OUNTY 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 1202 LEONARD DRIVE, (21061) Glen Burnie NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST DICKERSON 60 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT 21061 (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Shirley Harryman, 1202 Leonard Dr., GlenBurnie 215-01-5078 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY BRONCOASPIRATION MASSIVE IMMEDIATE CAUSE (0) OR AS A CONSEQUENCE OF BILATERAL BRONCONFUMONIA Conditions, if any, which gove rise to immediate couse 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost CHEST TRAUMA NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIE CERTIFICATION COLON CARCENOMA OF LUNG. ARCI NOMA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO T 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL FELT 198 ON THE (IF EITHER, NOTIFY MEDICAL EXAMINER) 21e PLACE OF INJURY 0 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE OME AT WORK 22a. I certify that (1) (this haspital) attended the deceased from, E/_, and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated 8/31 sow the deceased alive on. obove, (1) (we) (did) (did not) view the body after joint 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF Jac MD PHYSICIAN DIRECTOR PHYSICIAND PORTANT 22d. BHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ould be SARDI ARMANDO 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY (SPECIFY) Brooklyn Hgts., A.A.Co., Md. Burial Cedar Hill Cem. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 George J. Gonce, 4001 Ritchie Howy., Baltimore, Md (VR A 15 (4)) SFP





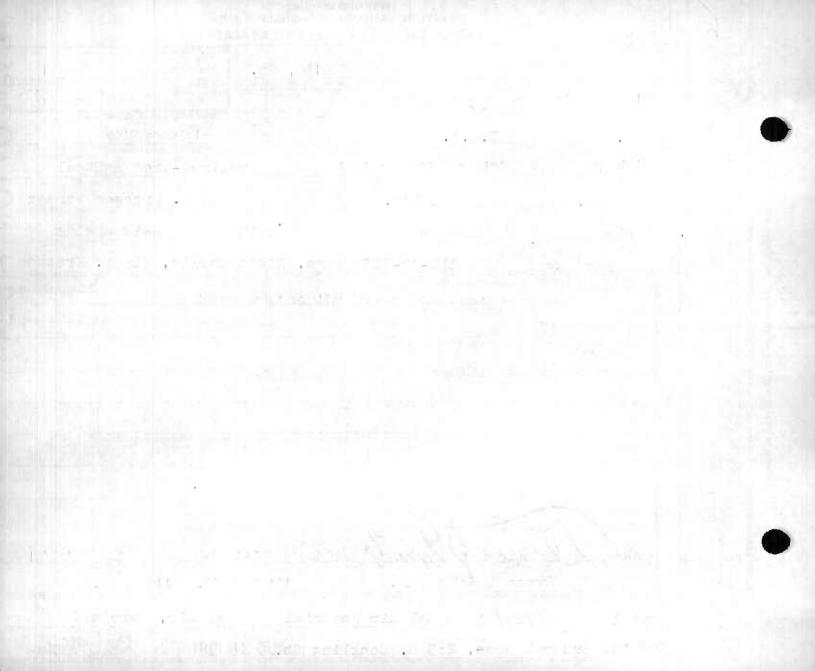
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4 may b or, page ofter deo	3. Si		1. RACE	5 DATE OF	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 2 MONTHS DAYS HOURS
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	La O O O H			saw the decease	d alive on	Thro	210 19	H, or	d that in (my) (ou	r) opinion de	eoth occurred on the	date and ho	our and from the	
				abave, (I) (we) (c 22b. SIGNATURE	id) (did no	t) view the body	after death.		DEGREE		9			E SIGNED
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14	FUNERAL Id be det the State	7		22d. PHYSICIAN'S NA	19	100sa			PHY 122e. ADDRESS	SICIAN [DIRECTOR PHYS	ICIAN IX	15-	21-81
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DHA	(VRA 15, 4)		9	ohn C. Mil	len 1	nc64	15 Belai	Rd -	21206	ALIG	28 1981	France	Jan	/ kithen
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	EST, 2. AND 3 TO THE FUNI FPM. 3. RETAIN PAGE 5 F WIND 2 SHOULD BE FILED, WI EVITAL RECORDS, 201 W. P.		Baltimo		Baltimo		ospita		reti	red-I	ron &		el el	Υ
5	ORD ORD	USU. 13a. S	AL RESIDENCE	(IF IN NURSING HOME O		13c. CITY OR TOV	MISSION)	13d. INSIDE CITY LIMITS?	13e. STREET A	DDBECC				
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WD.	H. 72.	14. F	ATHER'S NAME		MIDDLE	LAST		IS MOTHER'S MAID	EN NAME	MIDDLE				
M. M.	DEATH.	1	John			oelle		Kathe	rine	MIDDLE	Meise	nhel	der	
MO	PAG ORA	360. V		DEVER IN U.S. ARA		166 SOCIAL SEC	JRITY NO.	17. INFORMANT		ADDF	RESS			
BALTIMORE, MD. 21201	AFT SINE AGE //SIC			es WW	I	212-03-	7256	Mrs. El	sie Do	elle,	929	N. K	ress	son
1	HOURS M 18. G MG WIT RMIT. P. RMIT. P. L.		18 CAUSE O	F DEATH (Enter onl	y one couse per lin	e far (a), (b), and (c).)					APPE BETWE	ROXIMATE I	NTERVAL AND DEATH
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. 20	E X A Y O				(c)									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	MER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. APGES 3 SHOULD BE USED AS A BURRIAL. FRANSIT PERMIT. PAGES 1 AND OF STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH ND, 21201 PRIOR TO BURRIAL, CREMATION, OR REMOVAL.	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEA	SE OR CONDITION GIVEN IN P	ART 1 (a)					
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/ISIG	CERTIFICATE WITING THE WOED TO	EDIC	21d. INJURY C	OCCURRED	21e PLACE	OF INJURY (AT HON		CATION				-		
6	TO MEDICAL EXAMNER: THIS CERTIFICA EXECUTE THE CERTIFICATE, WRITING THE PAGE 4 SHOULD BE FORWARDED TO TO FUNERAL DIRECTOR: PAGE 3 SHOUL PAFIER DEATH, WITH THE STATE DEPARTIN BACTUMORE, MARYLAND, 21201 PRIGR IN	2	AT WORK	NOT WHILE C] STREET, FAC	CTORY, FARM, ETC.)		STREET	CITY	OR TOWN	C	OUNTY		STATE
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	A PER		EXAMINER'S (TYPE OR PRI	NAME THO	omas D. S	mith, M.D		ADDRESS	Penn S	. Bál	1to., 1	1D.		
111	538548 —	23a.B	URIAL, CREMA	TION, REMOVAL 2	3b. DATE			OR CREMATORY	23d LOCATE CITY OF TOV Be 1	ON	co	YTAN	STAT	TE
11/1/1	BP	B	urial	8	3/29/81	Bel A	lir M	emorial			Mary	rlan d		
1001	DHMH - 17	-	NAME .		ADDRESS				REC'D. BY REG		EGISTRAR'S	· M	10 .	
	(VR A15 ME (5)) 15M 2/80	Z	anning	Funera	l Home,	263 S.	Conk.	ling StAU	G 28 19	81 8/2	neco	ean/	arthe	v
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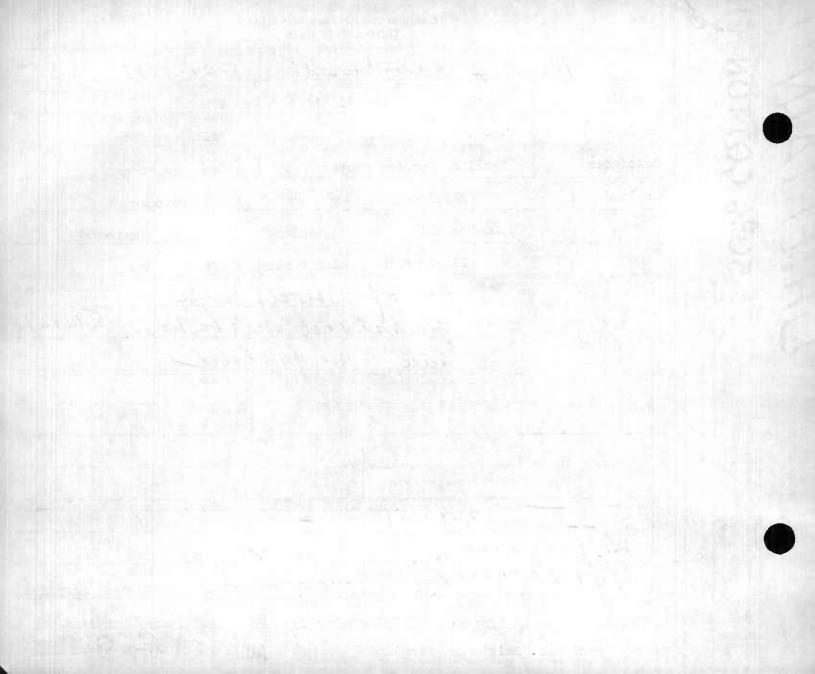
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. N	10.				
ATE OF	DEATH	MONTH	DAY	YEAR	26 HOUR	2

		REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME	FIRS	A	AIDDLE	- 1	AST	20. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
	, in the	E OR PRINT	Kos	e- 4		bm t	pro wski	8-24-	1981	/	3 am
	3. SE	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		IF UNDER I YEAR	
		Female		Whit		Nov	19, 1894	87	YRS	ONTHS DAYS	HOURS MIN
3		IRTHPLACE ISTATE OR FO	OREIGN	76. CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED X	9 BALTIMORE CITY C	_		
2	10 C	ITY OR TOWN OF DEAT	TH	11. NAME OF	OSPITAL NURSIN	G HOME C	DR OTHER INSTITUTION	12a USUAL OCCUPAT			MD. OF BUSINESS OR
2		Baltimore		Hami.	Iton Nurs	ing (Center	Retired Se	OF WORKING LIFE	INDUSTRY	77 BOSINESS OK
5	Ma	aryland	13b. COUP		13c CITY OR TOWN Baltimor	N	13d. INSIDE CITY LIMITS? YES MO	130 STREET ADDRESS 105 N. Po	otomac	St	
0	14 FA	John"		MIDDLE DOM	browski		15 MOTHER'S MAIDEN NAM	WE	Aus	strows!	
1	16a V	WAS DECEASED EVER IN		MED FORCES?	16b SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	ESS		
		No	(18 123, 018	E WAR OR DATES)	212-10-5	219	Miss Doroth	ny Kraft	Same		IMATE INTERVAL
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	NO	PART 2 OTHER SIGNI	IFICANTO	CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 10	a
1	CERTIFICATION	190 DATE OF OPERATION	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
1	MEDICAL CE	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	LUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURE	RED (ENIER NATURE OF INJU	RY IN ITEM 18 PAI	RT I OR PART 2}	
	MED	21d INJURY OCCURRE	E []	21e PLACE (OF INJURY EET, FACTORY OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR TO	NWO	COUNTY	STATE
		22a.1 certify that (I) (1 saw the deceased abave, (I) (100) (dec	alive an		7/14 19		, 19 79 nd that in (my) (aux) aprinian (, to	ate and hour	and fram the	
		Th SIGNARINE	u	un	ca.	2		DIRECTOR PHYSIC	FF CIAN []	22c. DATE	24/81
		THE PRESIDENT WAR	romm	M.D.	440		22e. ADDRESS 8014 Old Hai	rford Rd	Baltim	ore, M	aryland
	73a. f	BURIAL CREMATION, RI	EMOVAL	ZIA DATE	23¢ N	AME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
		Buria1		8/26	/81	Holy	Redeemer	Balti		Marula	_
	22	UNERAL DIRECTOR			ADDRESS	W.	250 DAT	E REC'D. BY REGISTRAR	1/1		UBSY -P
I	eor	nard J Ruck	Inc	. Baltin	ore, Mari	<i>land</i>		AUG Z 4 1981	Man	u Jas	Transcram

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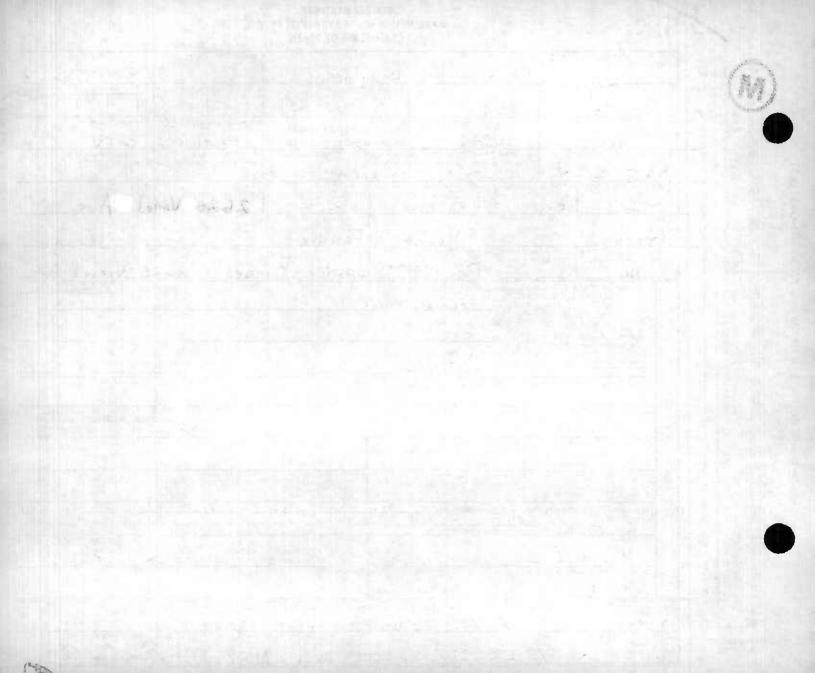
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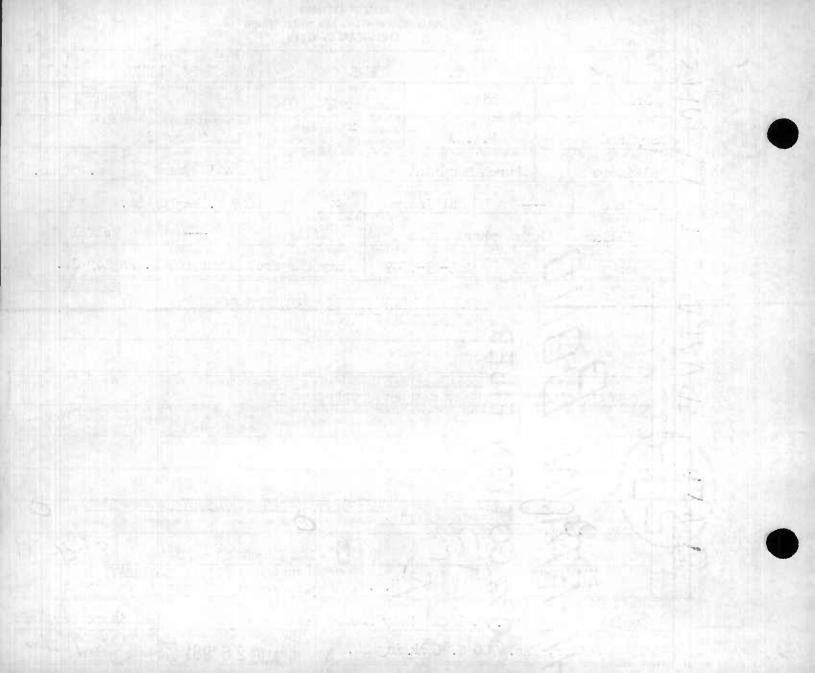
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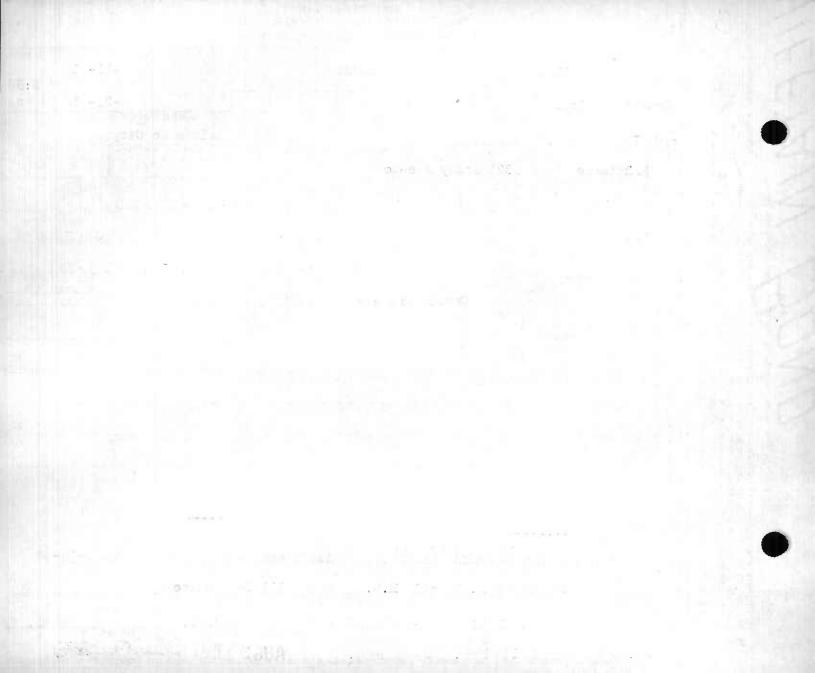
IMPORTANT TO 21

Lilly & Zeiler, Inc. 700 S. Conkling St.

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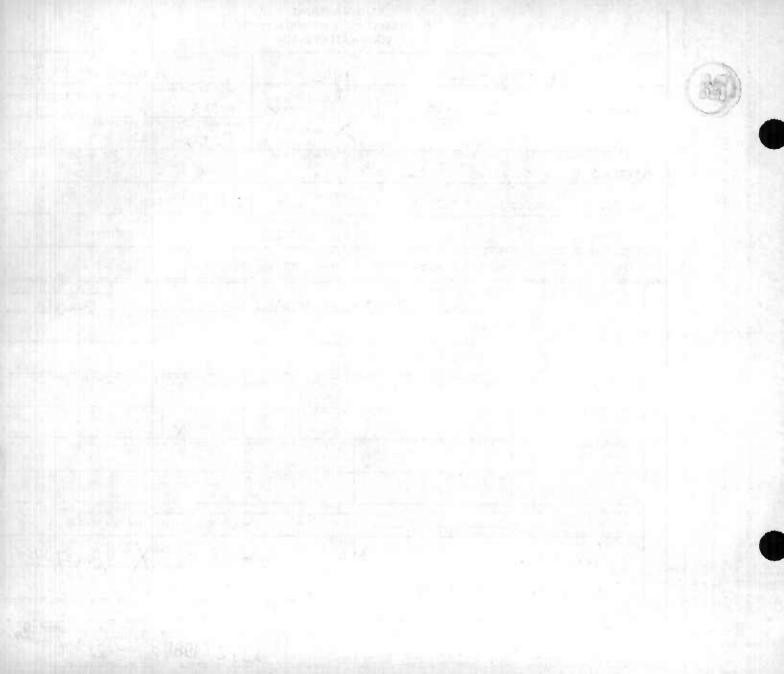
3 1,	FOR			TATE OF M OF HEALTH	ARYLAND AND MENTAL H	YGIENE	2 0	5 1	2.
- 1	- STATE REGISTRAR	M	EDICAL EXAM	INER'S C	ERTIFICATE O	F DEATH R	EG. NO.		
	DECEASED NAME	FIRST	WIDDLE		LAST	20. DATE KNO OF EST			26 HOUR
YL		LENA	R.	DOWN		DEATH MAT	ED □ 8-2:	3-81,	M
71	EX 4. RACE	5. DATE OF BIRT	WELD LIBERT	THDAY) MONTH		MIN. PRONOUNCED		3-81	8150
	emale bla	CK	WHAT COUNTRY?	YRS.		DEAD	CITY OR COUNTY		a _M
12	FOREIGN COUNTRY)			MARR1 WIDOW	ED X NEVER MARRI	ED 🔲	ore City		4-19
	ALTIMORE . N	MD. US	A OSPITAL, NURSING HO			T20 USUAL OCCUPATIO	N TYPE OF WORK 1	2b. KIND OF BUS	
0	Baltimore		FACILITY, GIVE STREET ADDRE			FOR MOST OF WORKING L	IFE)	OR INDUSTRY	Y
	UAL RESIDENCE HE IN NURSH		GIVE RESIDENCE BEFORE ADA	AISSION)	13d INSIDE CITY LIMITS?	13e STREET ADDRESS			
5	MD.	S. COUNTI	13c BACTIN	ORE	YES NO		Y AVE.		
14.	FATHER'S NAME	WIDDLE	LAST		TS. MOTHER'S MAIDE	N NAME MIDDLE		LAST	
10-	GEORGE		HALL		STELLA			JACKSO	N
1 160	I, WAS DECEASED EVER IN	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	16b. SOCIAL SECU	JRITY NO.	17 INFORMANT	AC	DDRESS		
L	NO L		217-18		CLARENC	CE DOWNS,	SR.5321	READY APPROXIMATE I	
	18 CAUSE OF DEATH ((Enter only one couse per l CAUSED BY:						BETWEEN ONSET	AND DEATH
	1992	AMEDIATE CAUSE (a)	Carcinoma OR AS A CONSEQUEN						
AL, CREMATION, OR REMOVAL	Canditians, if any		JR AS A CONSEQUEN	CL OI				115	
-	gove rise to im cause (a) stating th		OR AS A CONSEQUEN	CEOF					/
	lying cause lost.	(c)							
,		ONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE	TERMINAL DISEAS	OR CONDITION GIVEN IN PAI	RT 1 :07.			
2	19a DATE OF OPERATION	ON III CON	DITION FOR WHICH C	PERATION W	AS PERFORMED?			20 AUTOPSY?	
2								YES 🗆	NO X
	190. DATE OF OPERATE	LICILID (OF INJURY		OW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN	TITEM 18 PART 1 OR PART		
			I.M. MONTH DAY 19	EAR					
3	214 INJURY OCCURRE	21e PLAC	E OF INJURY (AT HOM ACTORY, FARM, ETC.)	E, 211. LO	CATION	CITY OR TOWN	COU	NIY	STATE
	WHILE NOT W	HILE STREET	neroni, rana, grej		***************************************	CITORIOWN			
		ook charge of the remains	described obove, held o	n Autop	sy . Inspection	n , Inquiry	, ond in my opi	inion	
₹	death resulted fram:	Notural causes X	Accident, .	Suicide	, Homicide .	Undetermined manner			
Ž Ž	ACTUM 1	21.7	1 all-18	7	TITLE (SPECIFY)		DATE	0.01.0	
	SIGNATURE	Willen 1	M JAMO	<u> </u>	.D. Assistant	MEDICAL EXAMINE	DATE SIGNEE	8-24-8	1
BATIMORE, MARYLAND, 2	EXAMINER'S NAME		77 11	W D	111	Donn Ctwoo	+		
	(TYPE OR PRINT)	Margarita A			R CREMATORY	Penn Stree			
23	BURIAL, CREMATION, REA		3.cm 4			CITY OR TOWN	COUN		D .
2	BURIAL I. FUNERAL DIRECTOR	18/27/8		UBURN		BALTO. REC'D. BY REGISTRAR 2	SE REGISTRAR'S SI		D
	NAME	H F/H 1101		AVE	Δ11	G2 5 1981	Rame Que	Marth	3
))	W. C. MARCI	1 1/11 1101	L. HURTH	AVL.		UN V IVVI T			

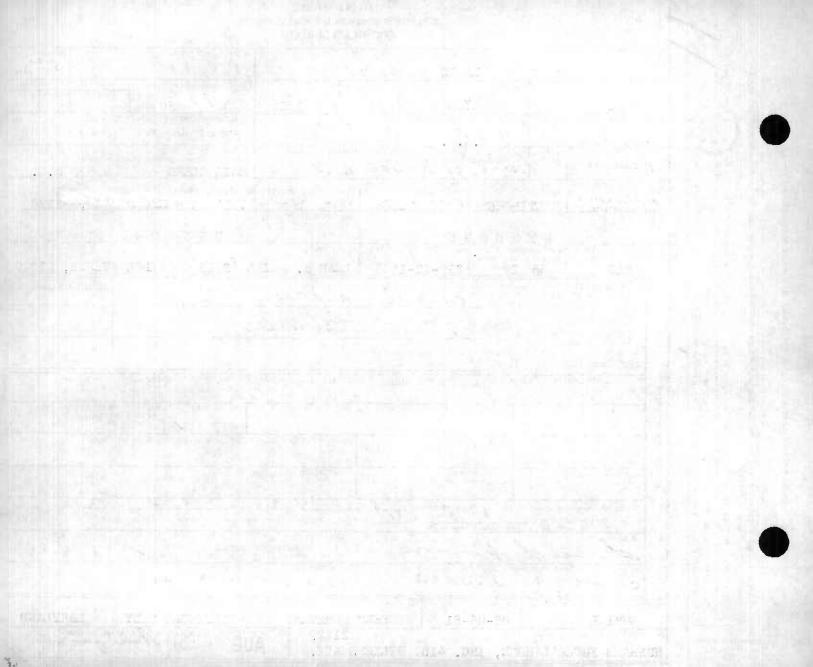


Leonard J Ruck Inc. Baltimore, Maryland

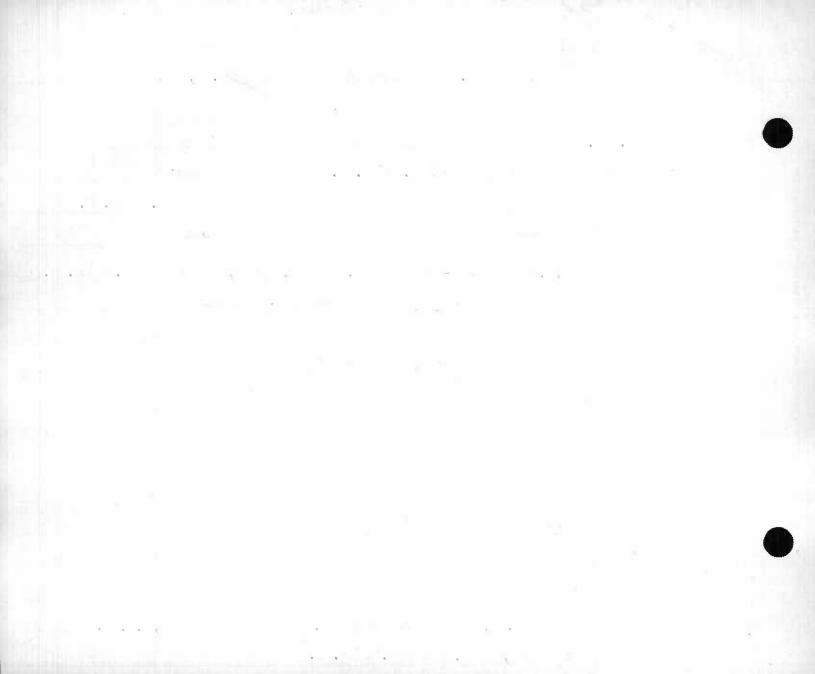
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STATE OF MARYLAND

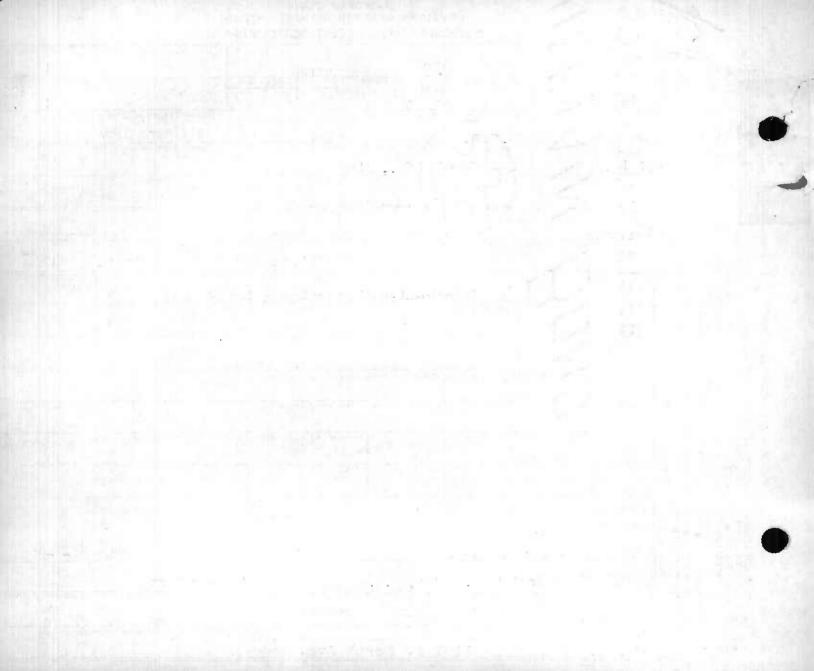




STATE OF MARYLAND



1	FOR STATE				NT OF HEALT	H AND MENT			2	0 5	-1	1
3	REGISTRAR	E FIRST	MEI		AMINER'S	CERTIFICAT	E OF DEA	TH	REG. NO.			
	PE OR PRINT)	TE		WIDDLE		LAST		20. DATE KNO	STI- VAU	ONTH DAY	YEAR	26 HOUR
3. SE	Y	Anne 14 RACE	S. DATE OF BIRTH	Mae'	AGE (IN YEARS IF U	Durrah	NDER 24 HRS.	DEATH MA		8 6	19 81	M
	emale	Black	MONTH DAY	YE AR	LAST BIRTHDAY) MON			2c. DATE PRONOUNCES DEAD				4:26
7a. B	IRTHPLACE (STATE OR	76. CITIZEN OF WH		7.4 YRS.			9. BALTIMORI			19 8	а, м
FI	George George	. 37-212	II.S.A.		WIDO	RIED NEVER A	VORCED	Balfi	more C	itv		MD.
ID. C	ITY OR TOWN	OF DEATH		PITAL, NURSI	NG HOME, OR OT	HER INSTITUTION	12a. USU	JAL OCCUPATI	ON (TYPE OF W	ORK 126 KIN	ND OF BUS	SINESS
	Baltimo		249 Ais	quith :	St., #10	5	PORM	MOST OF WORKING	Lire}		MADOSIK	
	AL RESIDENCE STATE	(IF IN NURSING HOME O	OR OTHER INSTITUTION, GIV	13c. CITY OR		13d INSIDE CITY LIM	HTS? 13e STR	EEJ ADDRESS				Ti al
	Md.			Bal	timore			9 Aisc	quith	St.		
14. F	ATHER'S NAM	E	WIDDLE	LAST		15. MOTHER'S A	MAIDEN NAME	MIDDLE			LAST	
160.	Claren WAS DECEASE	D EVER IN U.S. AR.	MED FORCES?	Tric	SECURITY NO.	Emm 17. INFORMANT		Δ	DDRESS		erry	r
(NO OR UNKN	OWN) (IF YES, GIVE	WAR OR DATES)		/A		e Tric	e Grai	Sout!	n Eas	t _M Ca	ss h
	18 CAUSE C	FATILIA/AC CALICE	ly one cause per line							AP 86 TV	PPROXIMATE I	INTERVAL AND DEATH
		G MMEDIA	TE CAUSE (a) Ar			Cardiova	scular	Disease	9			
	Canditio	ons, if any, which	DUE TO, OR	AS A CONSE	QUENCE OF							
-	gave r	ise to immediate	< , ,	AS A CONSEC	DUENICE OF							
	lying ca		1	AS A CONSE	JOEINCE OF					64.1		
	PART 2 OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH I	UT NOT RELATED	TO THE TERMINAL DISEA	SE OR CONDITION GIVEN	N IN PART 1 (all.					
LON	10.10.10.0											
FICA	IVO. DATE O	FOPERATION	196. CONDIT	ION FOR WH	ICH OPERATION Y	WAS PERFORMED?	?			- 20	AUTOPSY?	
ERTI	21a EXTERN	AL CAUSE WAS	216. TIME OF	INJURY	216	10W INJURY OCC	TIPPED LENTER N	LATURE OF INJURY	NITEM 18 BART 1		YES 🗌	NO XX
MEDICAL CERTIFICATION		G OR		MONTH DA	AY YEAR		CARLO (ERIERIA	One of INJURY	cm of ARI	On contract		
EDIC	21d. INJURY		21e PLACE C	FINJURY (19 AT HOME, 21f. LO	CATION						
¥	WHILE AT WORK	NOT WHILE	STREET, FACT	ORY, FARM, ETC.)		STREET		CITY OR TOWN		COUNTY		STATE
	220. cert		ge of the remains desi	ribed abave	held an Auta	DSV Inco	pection XX	Inquiry	and in r	my apinion		
	death result		ral causes X,	Accident	. Suicide	Hamicide		ermined manne		ay opinion		
		1.)	1.5			TITLE (SPECIF						
	ACTUAL SIGNATURE	Virain	ia LDo	la	/	M.D. Assist	ant	ICAL EXAMINE	R S	IGNED	8-6-8	31
-	EXAMINER'S	NAME ON:	rainia	Dolan	МЪ		111	Penn S	troot			
22.	(TYPE OR PR	INT)VI	rginia L.			_ADDRESS			reer			
230.8		ATION, REMOVAL	8/11/81		rch Cen	netery	oT.	nomast		COUNTY	GA ^r	TE
24. F	UNERAL DIRE	r raı				25a. D	DATE REC'D. BY	REGISTRIAR 12	WEGISTRA	R'S SKINNT	URE	`
	Wm.	C. Marc	h F/H 1	101 E	. North	Ave	AUG1	1981		U		
	YVIII	C. Marc	T T / TT T	<u> </u>	- 41-21 -1.							



*	1 - STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG. NO						
/ be ath	I. DECEASED NAME FIRST (TYPE OR PRINT)	→ RUTH	DUNTON	26. DATE OF DEATH MONTH	24 81 1:45					
ge 4 may be	FEMALE	4 RACE WHITE	S DATE OF BIRTH MONTH DAY YEAR 13	6. AGE (IN YEARS LAST BIRTHDAY) 57 - YRS	IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS A					
leath. Pa	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	76 CITIZEN OF WHAT COUNTRY?		BALTIMORE CITY OF COUN						
by the fur ed within	BALTI MORE		IG HOME OR OTHER INSTITUTION	12s. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12% KIND OF BUSINESS INDUSTRY MEMAKER					
within 24 ho tely filled in should be fill exeminer mu	MA B	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE DUNTY 13c, CITY OR TOWN BALT	ADMISSION) N 134. INSIDE CITY LIMITS? YES NO 2	130 STREET ADDRESS	DR. 21222					
ecuted wit	Toseph	MIDDLE LAST JA	RUTH	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	POMEROY					
ficate be exery ysician and compers. Pages 1 oval.	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SECU 270 094		on (Son) Same	as 13e					
requires that the death cert n signed by the attending phen plasse remove carbon pa to burial, cremation, or rem y injury, or other traumation			nce of Infarction	MINAL DISEASE OR CONDITION G	GIVEN IN PART 1(a)					
AN: The law an. cate has beer it permit. Tr ygiene prior 18 shows an	190 DATE OF OPERATION 8 4 8 1 210. ACCIDENT WAS UNDERLYING	TAKE DOWN OF	gersydere ennet	itisk NO	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO					
HYSICI, physici, i physici, its certifi its trans dental H or Item	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DA	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 11	8, PART 1 OR PART 2]					
attending :: After th as the builth and N	47 WORK 47 WORK	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.		CITY OR TOWN	COUNTY STATE					
F O O HI T	obove, (II (we) did) jdio	finot view the bady after death.								
TO HOSPITAL OR AT etained by the hospital TO FUNERAL DIRECT hould be detached for with the State Dept. of MPORTANT: If Item 2	1 1 1 1 1 1 1 1	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 8 24 61								
retained by the hore retained by the hore TO FUNERAL DI should be detache with the State De IMPORTANT: If	THOMAS F B	REEN		GERY BALT. CITY	H03P.					
BP	230 BURIAL, CREMATION, REMOVE BURIAL		NAME OF CEMETERY OR CREMATORY Praine Pk. Cemete	ry Baltimore	COUNTY STATE Maryland					
DHMH-16 25M (VRA 15, 4) 1/79	24 FUNERAL DIRECTOR Walter Brooks B	radley, Inc. Dunda	1k Md 21222	JG 28 1981 James	1 cm					

STATE OF MARYLAND

Item 19b G559 9/30/81 dad

harded briefel . At all.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

STATE

26 HOUR

98

Baltimore City

126. KIND OF BUSINESS OR INDUSTRY

(TYPE OF WORK FOR MOST OF WORKING LIFE)

Newspaper

3400 Cardenas Avenue

same address

Haynie

20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? YES

COUNTY

STATE

(our) opinion death accurred on the date and hour and from the causes stated

24 FUNSCHIMOnek Funeral Home. Inc. 3331 Brehms Lane. Balto. Md. 21213

Md. BY REGISTRAR 25 GISTRAR SEIGNATO

COUNTY

DHMH-16 30M 2/80 (VRA 15, 4)

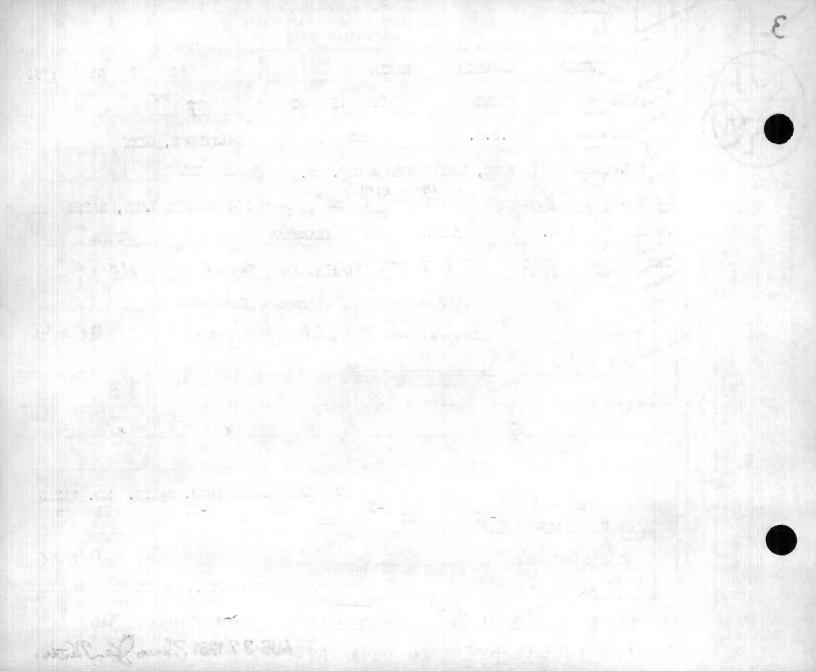
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2n DATE OF DEATH 26 HOUR (TYPE OR PRINT) Somas 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) LSTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TYPE OF WORK FOR MOST OF WORKING LIFE lunbridge SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM everna lark 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME omas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Canditians, if ony, which gave rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO | 210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) 8 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 0 21d INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE 22a.1 certify that (1) (this homital) attended the deseased from and that ir (my (aur) apinian death accurred on the dote and hour and fram the causes stated the body after death DEGREE should be detoc ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS nacchas 230. BURIAL CREMATION, REMOVAL 23b. DATE

DHMH - 16 50M 1/81 (VRA 15, 4)

The state of the s List 1/4 bill ben'th well suit & 1631 Bonard Care The

STATE OF MARYLAND



	THE REAL PROPERTY.	FOR	n.	STATE OF MARYLAND	GIENE 8 1	2012
1	1-	STATE Char	les	PARTMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	
01		CEASED NAME FIRST	MIDDLE	Famoul-	20. DATE OF DEATH MONTH	DAY YEAR 26. HOU
	3. SE)	M	RACE B	5. DATE OF BIRTH MONTH DAY YEAR 29 - 92	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DATE HOURS
23		RTHPLACE (STATE OR FOREIGN 76 COUNTRY)	CITIZEN OF WHAT COU		Baltimore city or co	
1 Profiled	\mathcal{B}	alto, Md	Lather &	SURSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	INDUSTRY
ad see		ALRESIDENCE II MINI II HONLOID STATE 136 COUNT		R TOWN 13d. INSIDE CAY LIMITS?	1923 KOSO	edale, ST
examine	14 FA	ATHER'S NAME FIRST MI MI	Edi	4 ST HOTHER'S MAIDEN NA	MIDDLE	LAST
e medical		NAS DECEASED EVER IN U.S. ARM YES, NO PRUNINOWN) (IF YES, GIVE V	LED FORCES? 166. SOCIA WAR OR DATES}	079269 Minnie	Edmonds 19	23 Rosedas
ta burial, cremation, or remove njury, or other troumatic event,	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) S (c)	meunicaia	MINAL DISEASE OR CONDITION	N GIVEN IN PART 1(0)
2 knows ony	CERTIFICATION	190. DATE OF OPERATION	Bowel	WHICH OPERATION WAS PERFORMED	YES NO NO	IF YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEAT YES NO
or them 18	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MONT P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY,	19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITE	M 18, PART 1 OR PART 2) COUNTY S
it, of Health and in 21 is marked		220.1 certify that (I) (this hospital sow the deceased alive on above, (I) (we) (did Ndid hat)		_19, and that in (my) (our) opinion	death occurred on the date on	
If the		22b. SIGNATURE	1,0-4-	DEGREE (. 5), ATTENDING PHYSICIAN [270. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22. DAJE SIGNED
State State		TIE. THE OFFICE AND THE OFFI		ο · · Λ	1 1 4	
MPORTAL		JUAN A	+RRISUEN	23c. NAME OF CEMETERY OR CREMATORY	123d LOCATION	. Dalthon

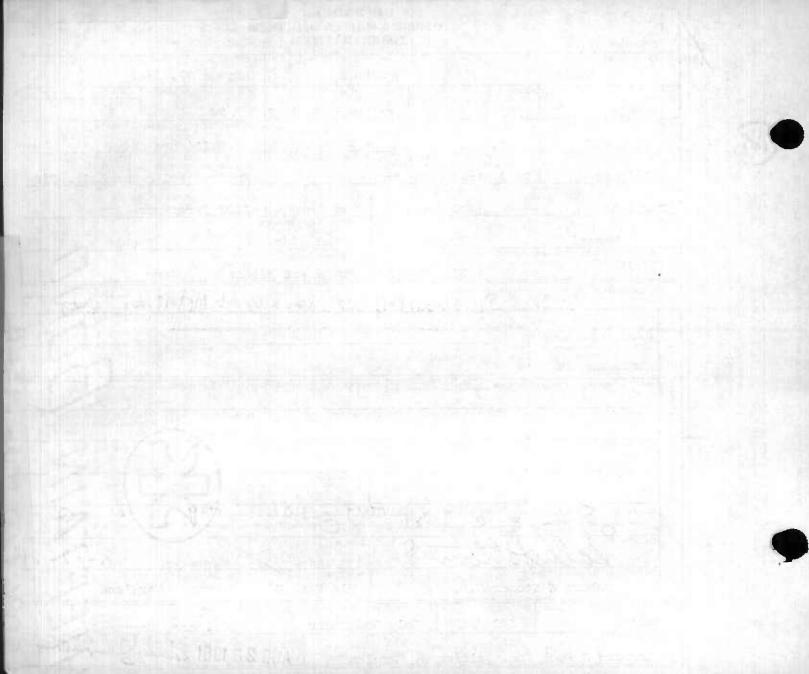
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E. NUTTER FUNERAL HOME 3035 W. NORTH

STATE OF MARYLAND

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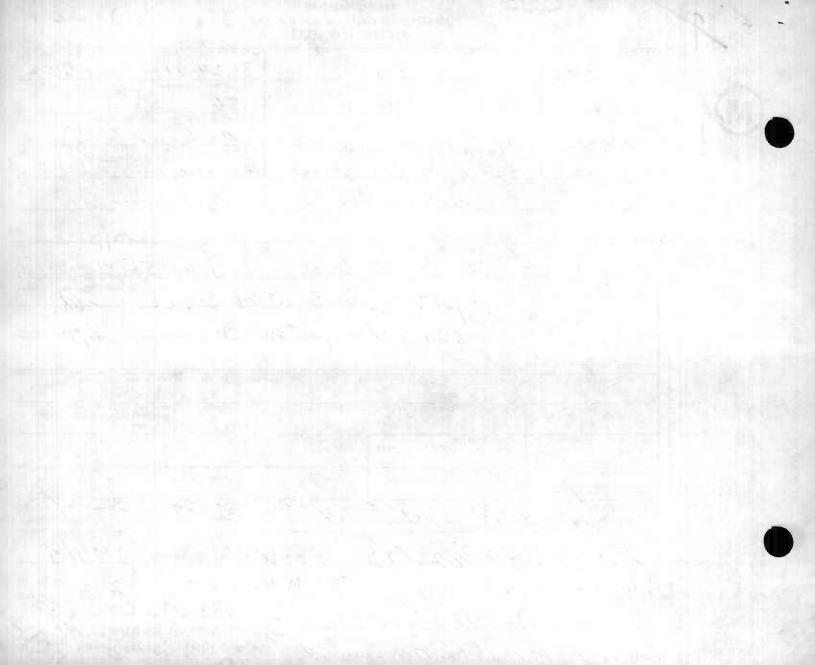
10	FOR STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 3	2052
	DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	
	YPE OR PRINT) Louis	H	Eibner	August 27	101110011
3. 3	SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 241
	Male	White	February 3, 190	7 74	YRS.
35	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COU	MARRIED NEVER MARRIED		R COUNTY OF DEATH
0010	CITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED NURSING HOME OR OTHER INSTITUTION	Baltin	nore City
///	Baltimore	(IF NOT IN SUCH FACILITY, GIV 2801 Strathm	/E STREET ADDRESS)	(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
V) - Us	UAL RESIDENCE HE NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE	ROIE AVE	Retired F	Policeman Balt. Ci
5 5 130	Maryland 136 COU	NTY 13c. CITY O Balti	R TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	athmore Ave
	FATHER'S NAME	124242	15. MOTHER'S MAIDEN N		termore ave
90	Wenzel	MIDDLE LA	AST	WIDDLE	Tauber
g 16a	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	L SECURITY NO. 17, INFORMANT	ADDRE	
/		VE WAR OR DATES)		-12	
	18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE		-01-4084 Mr Albert	Eibner	Same APPROXIMATE INTERVAL BETWEEN ONSET AND DE
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON			0
FICATION	gove rise to immediate cause (a), stating the underlying cause last	(b)		20m AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
ERTIFICATION	gove rise to immediate cause (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT ((b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 19b. CONDITION FOR V	ISEQUENCE OF IG TO DEATH BUT NOT RELATED TO THE TERV WHICH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
AL CERTIFICATION	gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	(b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION 196. CONDITION FOR V 176. TIME OF INJURY HOUR A.M. MONTH	ISEQUENCE OF IG TO DEATH BUT NOT RELATED TO THE TERM WHICH OPERATION WAS PERFORMED THE DAY YEAR TO SEE THE TERM THE DAY YEAR TO SEE THE TERM THE THE TERM THE THE TERM THE	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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DARKET BOARD IN

				STATE OF MARYLAND	3 62	0 0 : 2
	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE) REG. NO.	2006
M	1. DEC	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
poge 3	-{TYPE	Elmer J. E	ISER		8/	17/81
E do	3. SE)	Male	4 RACE White	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
Poge 4 director fours offi	2 00			6/11/88 YEAR		rs.
£ 52 £	d Bil	RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimo	re City
by the fune filed within	10 CI	TY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREE	INC HOME OR OTHER INICTITUTION	Bollariane:	LIGHT L Mar
be in	130. S	AL RESIDENCE (IF NURSING HOME OF TATE NEW COUL	ROTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION) WN 113d INSIDE CITY LIMITS?	13e, STREET ADDRESS	
E >- E		THER'S NAME	timore Balt	IS. MOTHER'S MAIDEN N	1441 Langfo	rd Rd.
complete	:		UNKNOWN LAST	Deceased	UNKNOWN	LAST
Poges		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166. SOCIAL SEC		ADDRESS	
S. Po		NO	219-16	-7913 Mrs. Mars	garet Walsh	(as above)
requires that the sen signed by the translease re or to buriol, cren y injury, or other	NOIL			DEATH BUT NOT RELATED TO THE TER		N GIVEN IN PART 1/01
	12	198, DATE OF OPERATION	10h CONDITION FOR WHICH	H OPERATION WAS PERFORMED	0.0	
n. ne primi	TIFIC	THE DATE OF CHANGE	176 CONDITION TOR WITE	TOPERATION WAS PERFORMED	20a AUTOPSY? 20b. IN C	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH YES NO
n. ne primi	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH D	DAY YEAR 216. HOW INJURY OCCU	IN C	ERTIFYING CAUSES OF DEATH YES NO
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5	FOR STATE REGISTRAR	DEPART	STATE OF MARYLA MENT OF HEALTH AND A CERTIFICATE OF D	MENTAL HYGIENE 🖇 🛔	2 0	; 2 8
1) to 0	DECEASED NAME FIRST GEORG	Ege ALLIP	THY ELFREY	20 DATE OF DEATH	8 22 81	5.45A
Poge 4 may	M'alı	4 RACE WHITE	5. BATE OF BIRTH	6. AGE (IN YEARS LAST		YEAR IF UNDER 24 HRS AYS HOURS MIN.
deoth Po	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER M	ARRIED 7 BALTIMORE CIT	Y OR COUNTY OF DEATH	cety MD
offer and the sea	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET MOY LAD LU		ITUTION 120 USUAL OCCUP (TYPE OF WORK FOR MO Glass Cu	ST OF WORKING LIFE) INDUST	TRY Mfgr.
filled in Park Market	SUAL RESIDENCE (IF NURSING HOME O a. STATE 136 COU laryland	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 136 CITY OR TOW Baltimo:	N 13d. INSIDE CI	TY LIMITS? 136 STREET ADDRES	ss erslie Avenu	ie 21218
	FATHER'S NAME FIRST George W.	MIDDLE LAST illiam Elf:	F	MAIDEN NAME IRST MIDDLE CNOWN		ielly
S. Poges I on	1. WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, GIN	RMED FORCES? 166 SOCIAL SECU E WAR OR DATES] 216.01.		R. Elfrey (Wife) Same as13	e
that the death certificate by the attending physici cose remove carbon paper of, cremotion, or removal. or other traumotic event, th	PART I. DEATH WAS CAUS	DUE TO, OR AS A CONSEQUE	rating fer	rished Care		PROXIMATE INTERVAL REN ONSET AND DEATH
requires to Then pl or to buri	PART 2. OTHER SIGNIFICANT COPD, CA 190 DATE OF OPERATION	conditions contributing to	, CHF, M	complete Rt B	ONDITION GIVEN IN PART WOLL DECENT 206. IF YES, WERE FIN IN CERTIFYING CAU	h block
74 655 7	OR CONTRIBUTING TO CAUSE OF OF	AIH .	AY YEAR	YES NO URY OCCURRED (ENTER NATURE OF II	YES [NO 🗆
DING PHYSICIA or ottending p After this certif se os the buriol-i oith and Mento morked or Item	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211. LOCATIO	N CITY OR	TOWN COUNTY	STATE
RATTENDIN haspital or a RECTOR: Aft ned for use as ipt. of Health em 21 is mor	saw the deceased alive or	ital) attended the deceased from 19 19 19 19	8 22 8 1 and that in (my)	our) opinion death occurred on the	e date and hour and from	the couses stated
_ 0 _ 2	Music Ra	pu -	P	HYSICIAN DIRECTOR PHY	TAFF 0/	ATE SIGNED 22/1981
HOSPITAL ined by the Control of the Stote CORTANT:	AND AL	RAJAKAM	22e ADDRESS	MONTEBELL	@ HOS F	DITAL

DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)
Cremation

Walter Brooks Bradley Inc. Balto., Md. 21222

8/24/1981

23b. DATE

23c NAME OF CEMETERY OR CREMATORY

Green Mt. Crematory

236 LOCATION CITY OR TOWN Baltimore

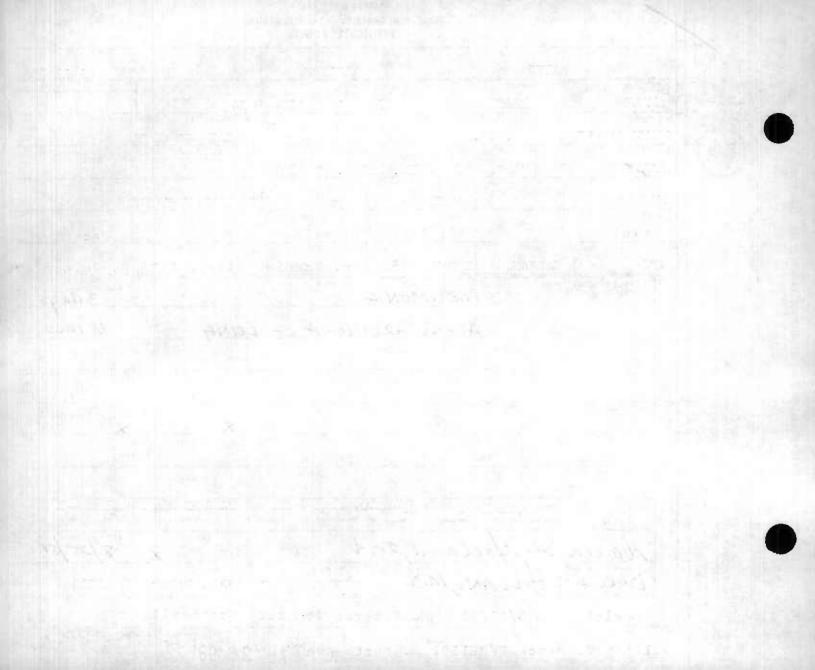
COUNTY

Maryland

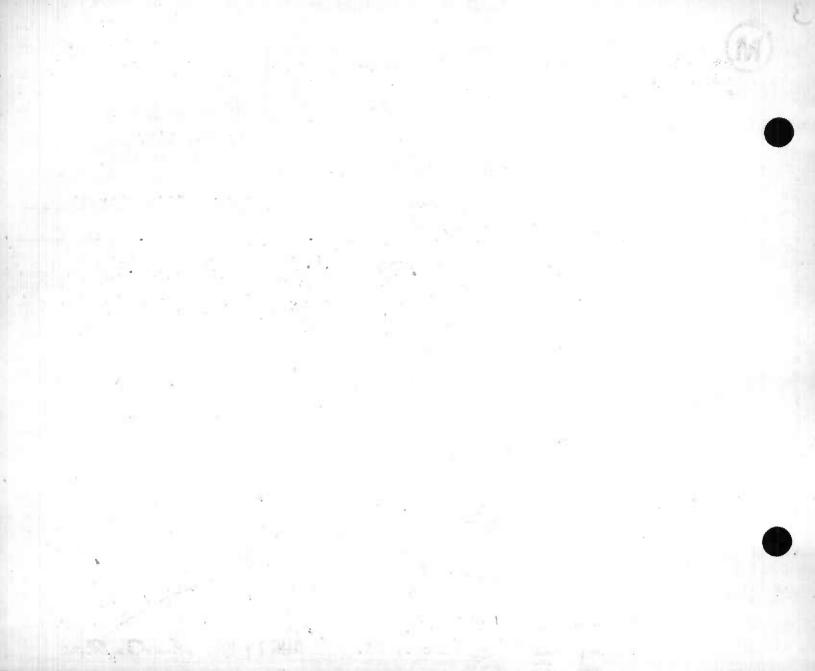
23. DAJE REC'D BY REGISTRAR 250 REGISTRAR SIGNATURE
AUG 26 1981 James

S. S. U.S. Sept. 4

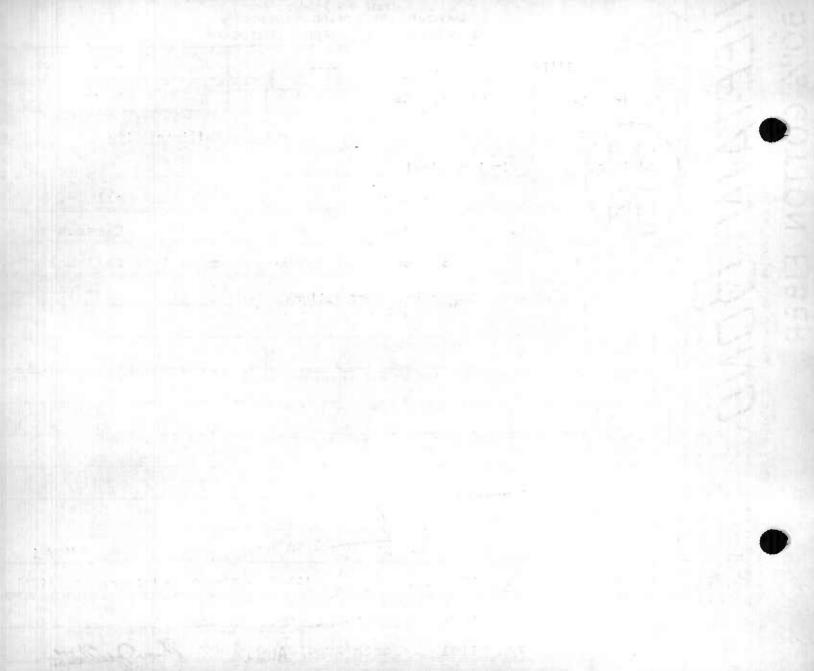
STATE OF MARYLAND



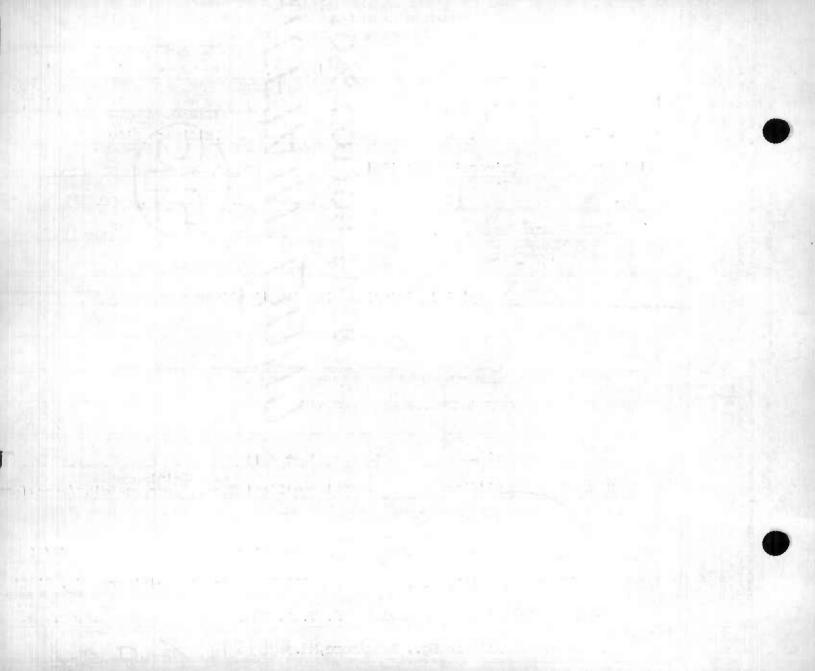
		1.	FOR STATE REGISTRAR		DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTA ITIFICATE OF DEATH		REG. NO.	2 0 5	3	
(IAI)			CEASED NAME FIRST	MIDDLE		LAST	2e. DATE OF	DEATH MONTH	DAY YEAR	26. HOUR	
			Mel	vin L.	I	Emerson		8	11 81	Pou P.	
8 8 9		3 SE		4 RACE		ATE OF BIRTH		ARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
4 6 P			Male	White		10 - 14 - 09		YRS		HOURS MIN	
Person de	33	70. B	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT	MA	RRIED NEVER MARRIED		recity <u>or</u> coun Lto. Cit			
by the fulled with	Confeed	10 C	Balto.	I IF NOT IN SUCH FACIL		ME OR OTHER INSTITUTIO	N 128 USUAL (OCCUPATION FOR MOST OF WORKING	G LIFE) 126 KIND O	ern	
S = 9	S Garage	13c.	AL RESIDENCE (IF NURSING HON	ME OR OTHER INSTITUTION, GIVE RE OUNTY 13c. C	SIDENCE BEFORE ADMIS	131. INSIDE PTY LIMI	ITS? 13e. STREET	ADDRESS			
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mpletel	S C	. 5	William	MIDDLE	PLANT)	la cah	. Quan	MIDDLE	2/11 das	Penn	
d co	medicol	16s V	VAS DECEASED EVER IN U.S	ARMED FORCES? 166 S	OCIAL SECURITY N	O. 17 INFORMANT	11	ADDRESS			
be exected on ond or services. Poges	E /	,	NO		3-12-22	12 Trank	V. Lace	200 1218	Mallen	Jx. 2	
ires that the gned by the in please rer buriol, crem	ury, or ather traum	7	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost PART 2 OTHER SIGNIFICAL	DUE TO, OR AS A	CONSEQUENCE O	or Orshi	TERMINAL DISEAS	OR CONDITION (GIVEN IN PART 1(d	21	
he low requon. on. has been si t permit. The	olu kuo swous	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OPER	ATION WAS PERFORMED	2.87	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO			
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ATTENDS or RECTOR A rid for one as	m 21 is m		220.1 certify that (1) (this h sow the deceosed alive obove. (1) (we) (did) (did)	41 42	1979.	ond that in (my) (aur) or	, to	d an the date and h			
	# = -		22d. PHYSICIAN'S NAME (TO	Vin	K.HAN	ATTEND	MEDICAL AN DIRECTOR	STAFF PHYSICIAN	8/1	3/8/	
TO HOSPITAL enamed by 11 TO FUNERAL should be det with the Store	MPORTA		/	C.HANIT.	Ms.	5808	MAIN		KRIDGE	1 2/2 MD	
77 BP			POMOTO INCOME VINE AND INCOME.	8/15/8	1, West	1000	ORY 23d. LOCA CITY OF COLORS	relle (Scello Ba	STATE AL	
DHMH-16 2 (VRA 15, 4) 7		1	Anatomy B	card soul	Balto.,	Md. 21234	UG 1 8 198	31 American	0.00	The state of	



T. DECEAS (TYPE OR PI 3. SEX FOM 70. BIRTHP FOREIGN 10 CITY OF Ba USUAL RE: 130 STATE OS 160. WAS I (YES NOO NC 18.	ISTRAR SED NAME RINTI 4. RACE Bla PLACE (STATE OR PLOUNTRY) MISS R TOWN OF DEAT TIMOTE SIDENCE (IF IN NUR PLEST DECEASED EVER I O, OR UNKNOWN) CAUSE OF DEATH PART I DEATH WA Conditions, if or gave rise to i couse (a) stating lying couse last.	IN U.S. ARM (IF YES, GNE W H (Enter only /AS CAUSED IMMEDIATE Dry, which immediate	S. DATE OF BIRTH MONTH DAY 4 14 7b. CITIZEN OF W US. 11. NAME OF HO (IF NOT IN SUCHE S I na I ROTHER INSTITUTION, C WINDOLE L. MIDDLE L. WAR OR DATES) Y one couse per lin BY: E CAUSE (a) OUE TO, OI (b)	MIDDLE L. YEAR 27 5 WHAT COUNTRY? A SPITAL, NURSING ACILITY, GIVE STREET A HOSP i +a SIVE RESIDENCE REFORD I 3C CITY OR I BAIL I LAST GU 16b. SOCIAL 6 e for (o), (b), ond	EMER'S (EMER'S	RIED NEVER MA WED DIVO HER INSTITUTION 13d. INSIDE CITY LIMITS: YES NO [15. MOTHER'S MA FIRST FINTA 17. INFORMANT HOUSTO	PRIED 120. DATE OF DEATH ER 24 HRS. 21. DATE PRONOUNDEAD RRIED 9. BALTIM RCED Baltim 120. USUAL OCCUP FOR MOST OF WORL 130. STREET ADDRE 4603	ORECITY OR COMMERCE OF COMMERC	8 12 COUNTY OF D ity work 12b Kin OR Camer Pall	BAT A:3 BO OF BUSINESS INDUSTRY AST ON Mall RO PROXIMATE INTERVAL
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		T CONDITIONS <u>Co</u>	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	INE TERMINAL DISEAS	ISE OR CONDITION GIVEN IN	PART 1 (a)			
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de	ath resulted from	Phyl	al couses [X].	Aldred Z	dicide	, Homicide	Undetermined ma	nner 🔲,		
	TUAL NATURE	Ru	ower	D/M	X M	Deputy C	hief MEDICAL EXAM	INFP	DATE 8	/12/81
EXA	MINER'S NAME	Thomas	c D Smi	+	1					04004
(110	E OKPKINI)						enn Street,	Baltim	nore, MI). 21201
(SPECIFY	Burial		B/17/81	Md.		or CREMATORY onal Mem.	23d. LOCATION CITY OR TOWN		COUNTY	STATE
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Wr	RAL DIRECTOR		ADDRES	s		730. DAI	E REC'D. BY REGISTRAL	ZSB. KEGISTR	AK 3 SIGNATO	



	FOR		STATE OF MARYLAND								3				
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10	CITY OR	TOWN OF DEATH	11. NAME OF HOSE	PITAL, NUR	SING HOME	, OR OTHE	R INSTITUT	TION	12a, USU			TYPE OF WORK	12b. KI	IND OF BU	SINESS
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OF HEALTH AND MENIAL HYGIENE, RIAL, CREMATION, OR REMOVAL.	7 8	anditions, if any, which	DUE TO, OR	AS A CON	SEQUENCE C	OF .									
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		ing cause last.	DUE TO, OR	AS A CON	SEQUENCE C)F									
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BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	BURIAL,	REMATION, REMOVAL 2			AME OF CEM				23d. LO	CATION		ille,	UNTY	ST	ATE
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7922 Wise Avenue, Dundalk, MD

STATE OF MARYLAND

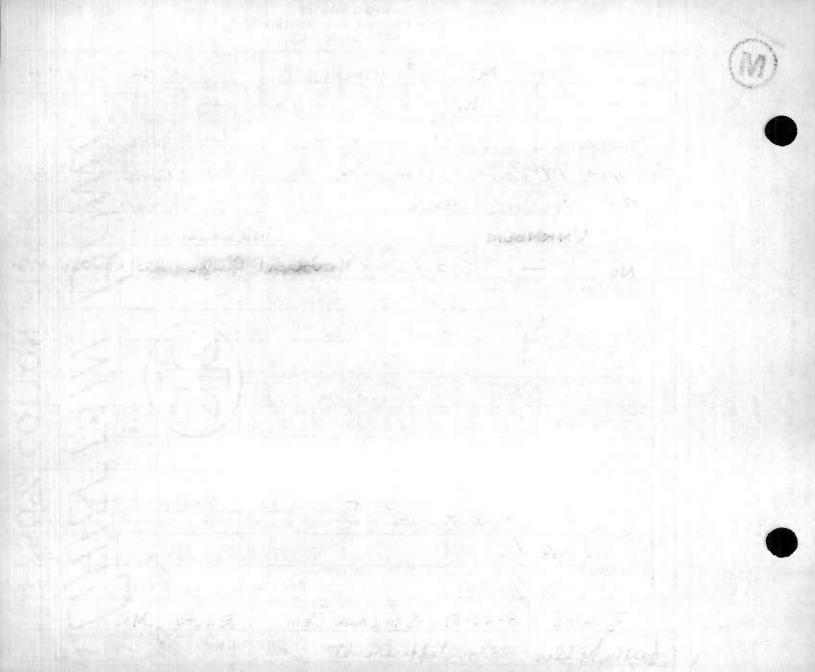
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

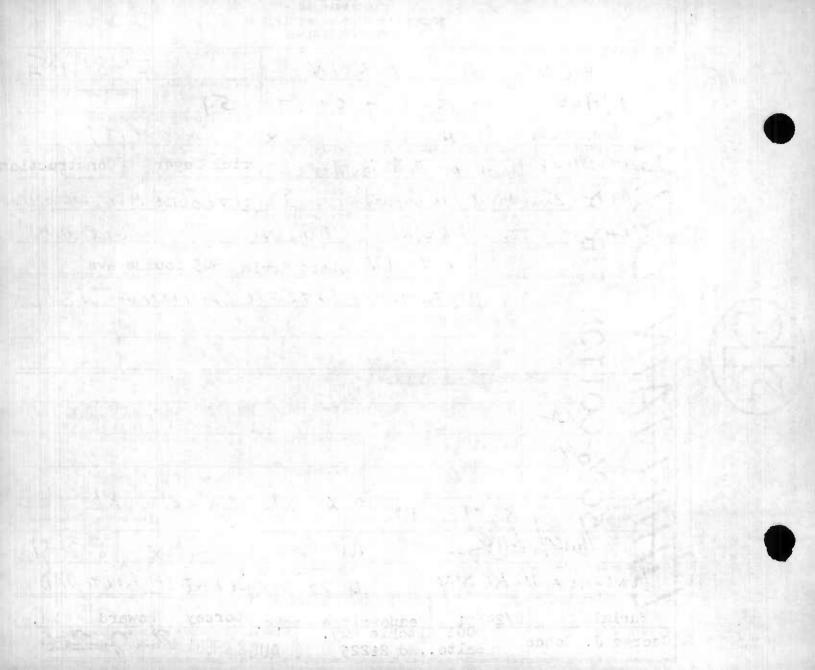
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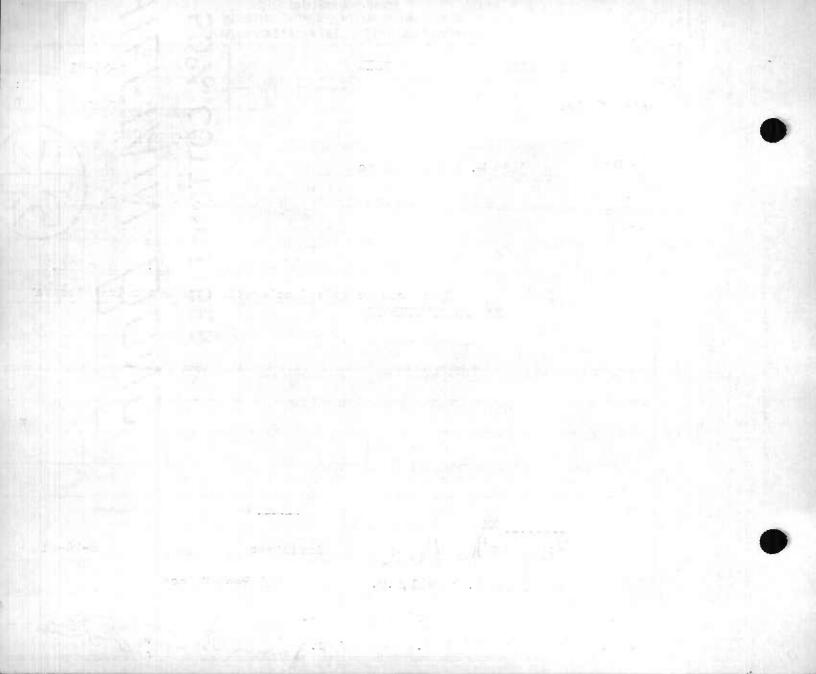


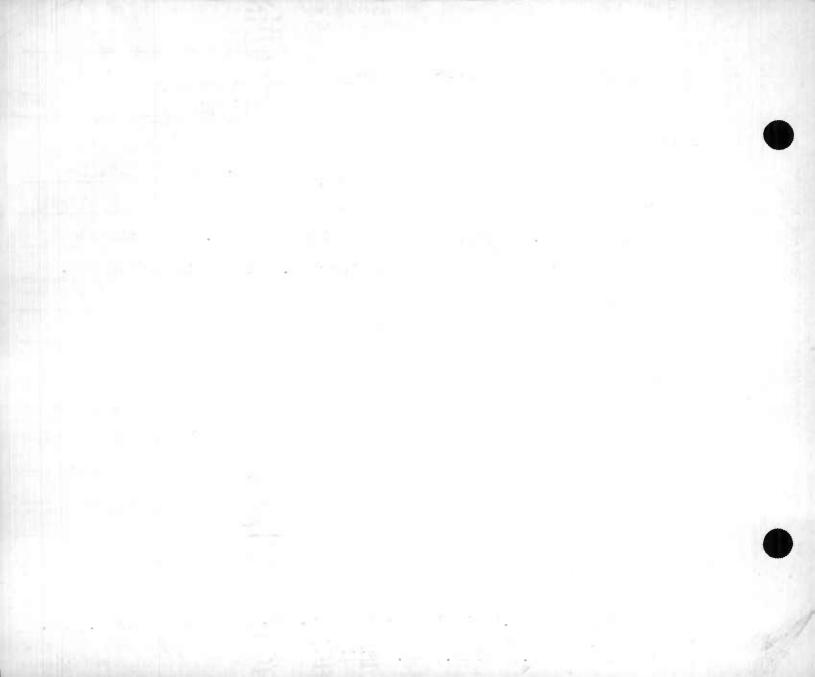


STATE OF MAKTLAND

Date of the contract of the contract of The state of the s D.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN K (TYPE OR PRINT) ESTI-PURNELL FATR DEATH MATED 8-24-81 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR 3 SEX 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 7299 PRONOUNCED DEAD 8-24-810 PM male black 7g: BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED K NEVER MARRIED FOREIGN COUNTRY) MD USA WIDOWED DIVORCED Baltimore City ES 1, 2, AND 3 TO THE FL PM 3. RETAIN PAGE IND 2 SHOULD BE FILED F VITAL RECORDS, 201 V IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore 1618 E. Madison Street USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 805 E. Chase St. Baltimore MD NO [] 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE AND OF VIE LAST FIRST Norman Estelle McOuarters 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION No 218-22-4042 Pauline Fair 805 E. CHase St. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) HIEF MEDICAL EXAMINER ALONG W USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D PART I DEATH WAS CAUSED BY: Hypertensive arteriosclerotic cardiovascular disease MAMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, TO MEDICAL EXAMINER: THIS CERTIFICATE SHOWED EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIOR TO BURK YES [] NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 19 21e PLACE OF INJURY (AT HOME. 21f LOCATION STREET, FACTORY, FARM, FTC 1 STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK 22s. I certify that I took charge of the remains described above, held an Autopsy Inspection Notural couses KX Homicide death resulted from: Undetermined monner TITLE (SPECIFY) DATE 8-24-81 ACTUAL Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME 111 Penn Street Margarita A. Korell M.D. 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Baltimore Burial 8/28/81 Baltimore Cem. BP 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 296. REGIS **DHMH - 17** Wm. C. March F/H "T101 E. North Ave. VR A15 ME (5) 15M 2/80





District Production

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE OF DEATH Marie August DITH 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER 24 HRS Female. White -08 Oct BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE Marvland DIVORCED [ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Homemaker Own Home 13 COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS ARDMERE ROAD Linthicum 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Hutson Derr Harry Anna 17 INFORMANT Husband 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO **ADDRESS** SAME AS (IF YES, GIVE WAR OR DATES) 212 28 6215A 13 Herbert T. Fastie No None APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: ARREST. CARDIAC IMMEDIATE CAUSE (a). PRESTON DUE TO, OR AS A CONSEQUENCE OF METAST. TO BRAIN OF LUNG Canditions, if ony, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 DIVISION OF VITAL RECORDS, **IFICATION** 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOV NO I YES Š 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY STREET CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an_ and that in (my) (our) apinion death occurred an the date and hour and fram the causes stated abave, (1) (we) (did) (did nat) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED -19-81 TO FUNERAL D should be deto-MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS PINEWOOD VINUEZA CE SAR 1300 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23d. LOCATION Aug. 22.81 Meadowridge Cem. Burial Elkridge BP. Howard Md. 25a. DATE REC'D. BY REGISTRAR 25b. BEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4) Singleton Funeral HOme, Glen Burnie, Md.

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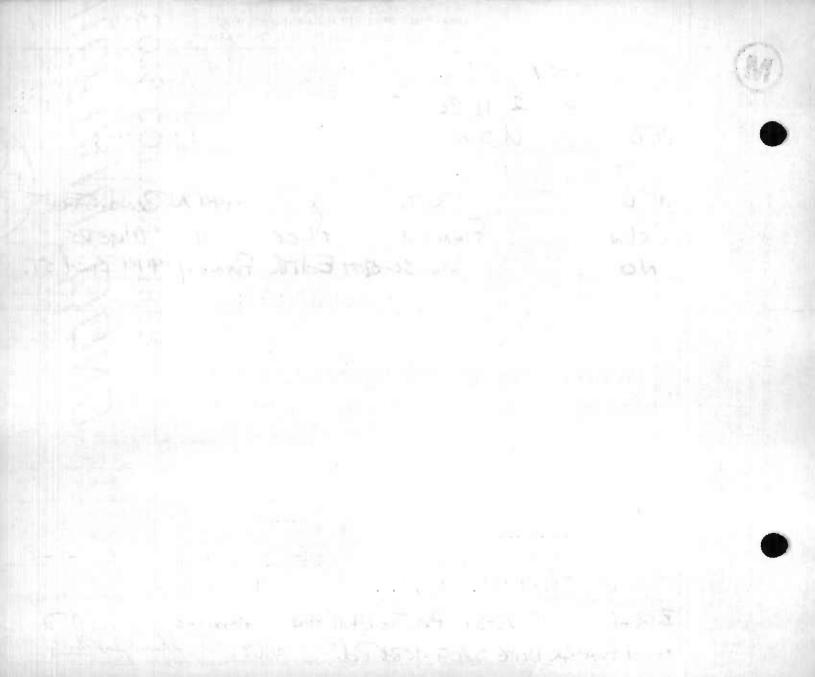
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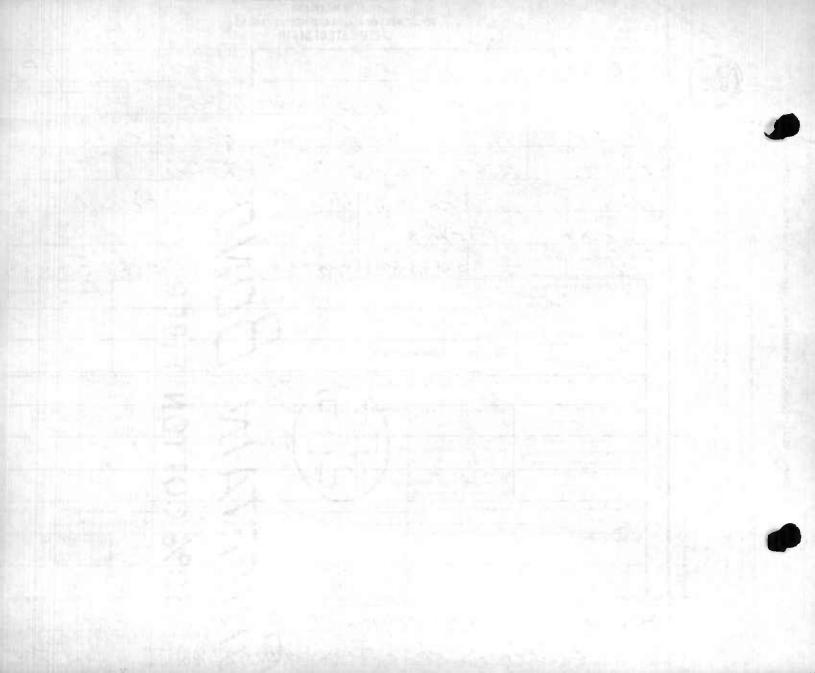
DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN X DECEASED NAME FIRST (TYPE OR PRINT) ESTI-EDWARD Marion DEATH MATED 19 81 Fink 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE 24 HOUR 4:55 LAST BIRTHDAY) PRONOUNCED Male White Sept 9 1921 59 Th. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED FOREIGN COUNTRY) Tennessee U.S.A. Baltimore City WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH LI. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Boiler Maker- Md Dry Dock Baltimore Baltimore City Hospitals WAL RESIDENCE (IF IN NORSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 7849 Solley Rd. 13d. INSIDE CITY LIMITS? Md. Glen Burnie Co. YES _ NO XX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Örpha Genie Taylor Charles S. 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS W.W. 409 28 0829 Evelyn Fink same as 13 e Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Pulmonary emboli due to left leg vein thrombosis DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) Complicating cutaneous burns gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? AUTOPSY? (body only YES X NO 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR subject burned by steam from steam turbine 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT WORK NOT WHILE Baltimore SET, FACTORY, FARM, ETC.) Berth #3. Dundalk Marine Terminal/ Maryland PAGE 4 SHOULD BE FOR 228 I certify that I took charge of the remains described above, held an death resulted frag Suicide Homicide TITLE (SPECIFY) ACTUAL Deputy ChiefEDICAL EXAMINER DATE 8/5/81 SIGNATURE. EXAMINER'S NAME Thomas D. Smith, M.D. AFTER I 111 Penn Street, Baltimore, MD. 21201 ADDRESS. 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 8/8/81 Burial Meadowridge Mem Pk Baltimore, Maryland 24 FUNERAL DIRECTOR ADDRESS Balto Md 21225 George J. Gonce 4001 Ritchie Hgwy VR A15 ME (5)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME LAST 2a DATE OF DEATH MONTH YEAR 2b. HOUR LTYPE OR PRINT 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 7a. BIRTHPLACE ISTATE OR FOREIGN WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12 KIND OF BUSINESS OR INDUSTRY W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134 INSIDE CITY LIMITS? 13a. STATE 13b. COUNTY 13e. STREET ADDRESS YES L NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE TAST FIRST LAST 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) phys PART I. DEATH WAS CAUSED BY cardiovespiratory arrest few minutes IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Yeave prostatic carcinoma Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, 301 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 2 9a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? pe NO YES NO [21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 21b. TIME OF INJURY 8 HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE Home AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from AURUST AUGUST 81 sow the deceased alive on August 81 , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c DATE SIGNED elouid, m.a ATTENDING . MEDICAL should be deto-with the State [STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS elonich 21205 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION COUNTY STATE 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 ADDRESS (VR A 15 (41)



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giene pri	CERTIFICATION			200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO						
trem 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	DAY YEAR	RRED (ENTER HATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)			
th ond M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	PARM, ETC.)	CITY OR TO	wn	COUNTY	STATE		
d for use i. of Heoli n 21 is mo		22a.1 certify that (1) (this hospital) attended the deceased from								
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ohs M		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	8/15/81 A	NAME OF CEMETERY OR CREMATORY rbutus Memoriall	Pk Baltime	ore Có	unty	, Md STATE		
)M 2/80 , 4)		UNERAL DIRECTOR	ADDRESS ALLIAM	BAJO, Md. 21210250. DA	TE REC'D. BY REGISTRAR	25b. RECIGTRAL	C SHAI	Misth		

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do	1	FOR - STATE REGISTRAR	DEPART	MENT OF I	E OF MAKELAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 2	0 5 5 1				
0		CEASED NAME FIRST	WIDDLE		LAST		DAY YEAR 26 HOUR				
		MAX		F	ISHER	AUGUST 30, 19	81 8:52PM				
		MALE	4 RACE WHITE		OF BIRTH 7 14, DAY 1907 EAR	6 AGE (IN YEARS LAST BIRTHDAY) 74 YRS	FUNDER 1 YEAR IF UNDER 24 HRS				
69		IRTHPLACE (STATE OR FOREIGN NEW YORK	7b CITIZEN OF WHAT COUNTRY? USA	MARRIE WIDOW	ED XXVEVER MARRIED DIVORCED D	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD.					
23		BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS HO	PKIN		120 USUAL OCCUPATION (TYPE OF WORKING LIF	12b. KIND OF BUSINESS OR INDUSTRY CITY				
18	13a S	AL RESIDENCE (IF NURSING HOLE O STATE FLOR IDA	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 134 CITY OR TOWN		13d INSIDE CITY LIMITS? YES NO	7290 N.W. 1ST S	BOARD OF ED. T. #33063				
16		ATHER'S NAME FIRST JOSEPH	MIDDLE LAST FISHER		15. MOTHER'S MAIDEN NAMERST	ME MIDDLE	KLEIN				
3	1		WED FORCES? 166 SOCIAL SECU WE WAR OR DATES) 050-10-6		17 INFORMANT SCHW 114-03 QUEENS	ARTZ BROSCRESS CHA BLVD. FOREST H	PEL ILLS, NY 11375				
ity, or other traum	7	Conditions, if any, which gove rise to immediate couse (or, stating the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF (b) COROWARY ARTERY DISEASE DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
Tows ony in	CERTIFICATION	190 DATE OF OPERATION 8/27/81	196 CONDITION FOR WHICH UENTRICULAR	OPERATIO	HO SUDDEN	20a AUTOPSY? 20b. IF YES IN CERTIF' YES					
Hem 18	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.	AY YEAR		ED (ENTER NATURE OF IN)URY IN ITEM 18 P.	ART (OR PART 2)				
orked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	ARM ETC }	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE				
21 is mo		saw the deceased alive an	ital attended the deceased from	31,0	nd that in my (our) opinion of	to 8/30, death occurred on the date and hour	19 8 / , that (I) (we) last and from the causes stated				
		22b. SIGNATURE Rober	t C. Kleno	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED 8/30/8/				
MPORTAN		ROBERT (C. KLEINER, 1	4.0.	JOHN	S HOPKINS	HOSPITAL				
_	23a B	BURIAL, CREMATION, REMOVAL	0.1=1.1=1	T. AF	EMETERY OR CREMATORY	LONG TS.	COUNTY NY STATE				

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14 FUNERAL DIRECTOR SOL LEVINSON 6010 REISTERSTOWN RD. & BROS., INC. BALTO., MD

MT. ARARAT 21215 LONG IS.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120. NG PHYSICIAN. The low requires that the depth certificate he assembled within 24 box	9 2 3		7	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING T	O DEATH BUT NOT RE	ELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PA	ART)(a)
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SEC.	hos been t permit. I ene prior ows any ii	2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS	PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA	
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	of for 12			sow the deceased alive and oboxe, (I) (we) (did) (did not	t) view the body ofter depth	and that	in (my) (our) apinian c	death accurred on the da	te and haur and fra	m the causes stated
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Spids	5 6 5		sow the decease above, (1) (we) (d	lid) (did no	t) view the body	ofter death.	. 0	na thot in (my	(our) opinion	deoth occurred or	the date and h	our and from th	e couses stated
× 4	DIRE Dept Dept		226 SIGNATURE	1	0			DEGREE			77 - 1 - 5 -	22c DAT	ESIGNED
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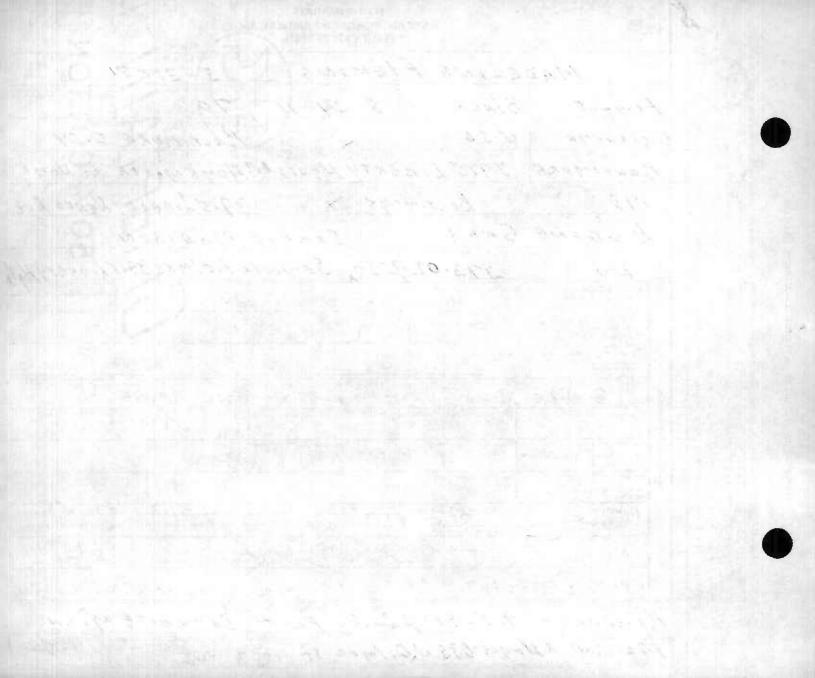
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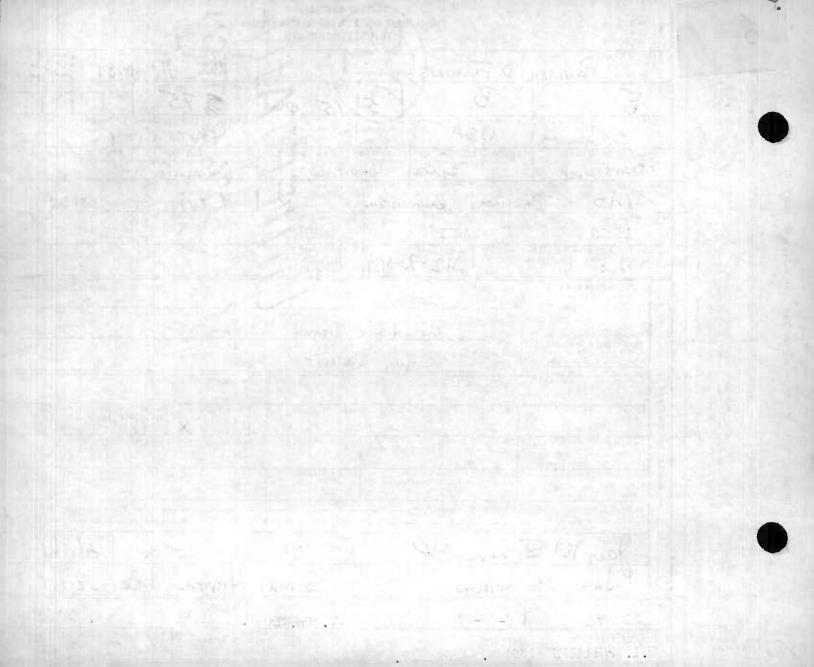
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH DECEASED NAME TYPE OR PRINT har IF UNDER I YEAR WALE 38 BALTIMORE CITY OR COUNTY OF DEATH M. BIRTHPLACE (STATE OR FOREIGN MARRIED NEVER MARRIED MARYLAND DIVORCED [INDUSTRY SALES RETAIL WSUAL RESIDENCE (IF NURSING) #21133 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? ANDAUSTOWN 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME SILVERMAN MIDDLE MRS. PHYLLIS FLAXMAN 3705 CROSSLEIGH CT., RANDALLSTOWN, MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: ARREST 2 HOURS DUE TO, OR AS A CONSEQUENCE OF DIABETIC VASCULAR DISEASE Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? 710. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOW INJURY OCCURRED (FINTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21f. LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE 22a.1 certify that () (this haspital) attended the deceased from saw the deceased alive on. and that in (my (our) opinion death occurred an the date and have and from the causes stated (we) (did) (did up) view the bady after death 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING M.D PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 22d PHYSICIAN'S NAME (TYPE OF PRINT) 23d. LOCATION 230. BURIAL CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY STATE (SPECIFY) BURIAL 8-17-81 SHAAREI TFILOH CONG BALTIMORE SOL LEVINSON & BROS., INC. 24. FUNERAL DIRECTOR 25g, DATE REC'D, BY REGISTRAR 25b, REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 6010 REISTERSTOWN RD., BALTO., MD 21215 (VRA 15, 4)

THE REAL PROPERTY A LAND TO THE PARTY OF THE 19 AM LOUNG TO STILL STEEL STEEL STEEL STEEL ST. 191 - 81 the second of th TYPE WILLIAM STATES 1 3 m2 20 5 6 m3 m2 2 x 7 5 x 6 2 2 AND THE EDGS HENDER MICE 5/15 STEEL S Many Herman MARKET STATE OF THE STATE OF TH But 1 3 6 7 bild a per proper parties and the second

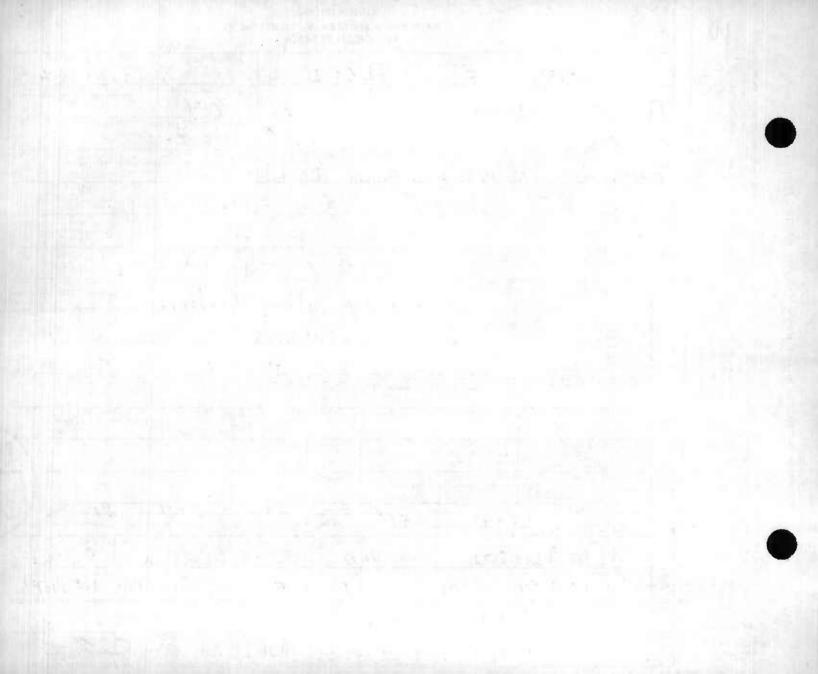
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH 2b HOUR (TYPE OR PRINT) MADELINE IF UNDER 1 YEAR IF UNDER 24 HRS DAYS HOURS I STATE OR FOREIGN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BOLFIMORE GITY 11. NAME OF HOSPITAL NURSING HOME PRESTON ST., BALTIMORE, MARYLAND 2120 130. STAJI 13b COUNTY 16b. SOCIAL SECURITY NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION Canditians, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119 DIVISION OF VITAL RECORDS. ALCOHOL 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? Ob. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygier YES T NO IT 210. ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR Mental h OR CONTRIBUTING CAUSE OF DEATH buriol-tr MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 5 21e. PLACE OF INJURY 71f. LOCATION COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC) NOT WHILE 220. I certify that (1) this haspital) attended the deceased from in (my aur) apinian death accurred an the date and haur and from the causes stated (I) we) (did (did not) view the body after death 22c DATE SIGNED Should be detor ATTENDING HYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e. ADDRESS DHMH - 16 50M 1/81 wishall A Hayer 63500 6, Inon st (VRA 15, 4)



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attimore, e be execution and control c		WAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECULAR OR DATES) 242-7	0-3/39	CHART	ADDRES		APPROXIMATE INTERVAL
requires that the death certificate requires that the death certificate in signed by the attending physic. Then please remove carbanpaper to burial, cremation, ar removal injury, or other fraumatic event, t	NOI	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	ENCE OF	disese			
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TO HOSPITAL TO FUNERAL Should be det with the State		22d HYSICIAN'S NAME (TYPE OF	SCHEIN		220 ADDRESS	HUSPITAL	BACT.	21215
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DHMH-16 50M 7/77 (VR A 15 (4))		UNERAL DIRECTOR NAME L. PHILLIPS 1	721 N. MONROF S	T.	AU	IG 2 0 1981	Ramue O	Marth



18	1.	FOR STATE REGISTRAR	DEI	PARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYC TCATE OF DEATH	REG. NO.	20560
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V 1 10	0	N.C.	USA	MARRIE	D NEVER MARRIED X	BALTIMORE	
by the filled with	B	Altimore	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE NORTH Charl	es Gene	1 11 11 1	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK FOR W	126 KIND OF BUSINESS OR INDUSTRY
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IMORE,	- (VAS DECEASED EVER IN U.S. ARM (ES, NO OR UNKNOWN) (IF YES, GIVE V		SECURITY NO.	17 INFORMANT GERNEAL COL	ADDRESS LEMAN 1903 C	edric ROAD
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HOSPITAL OR ATTEND sined by the hospital or FUNERAL DIRECTOR. And be detached for use in the State Dept. of Heal or ORTANT: If them 21 is many contraints.		22h SIGNATURE FULCELLUI 22h MANSICIAN'S NAME (TUPE ON	year the body after death.	19 6	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	nd hour and from the causes stated 22c. DATE SIGNED 8-9-81 ERAL KOSPITAL
	23o. [BURIAL, CREMATION, REMOVAL	23b. DATE 8/14/81		EMETERY OR CREMATORY IS MEMORIAL	23d LOCATION	ARBUTUS, MD. STATE
BP DHMH - 16 50M 1/76 (VR A 15 (4))		BURIAL UNERAL DIRECTOR NAME C. MARCH F/	ADDR	ESS.	250. DAT	E REC'D. BY REGISTRAR	



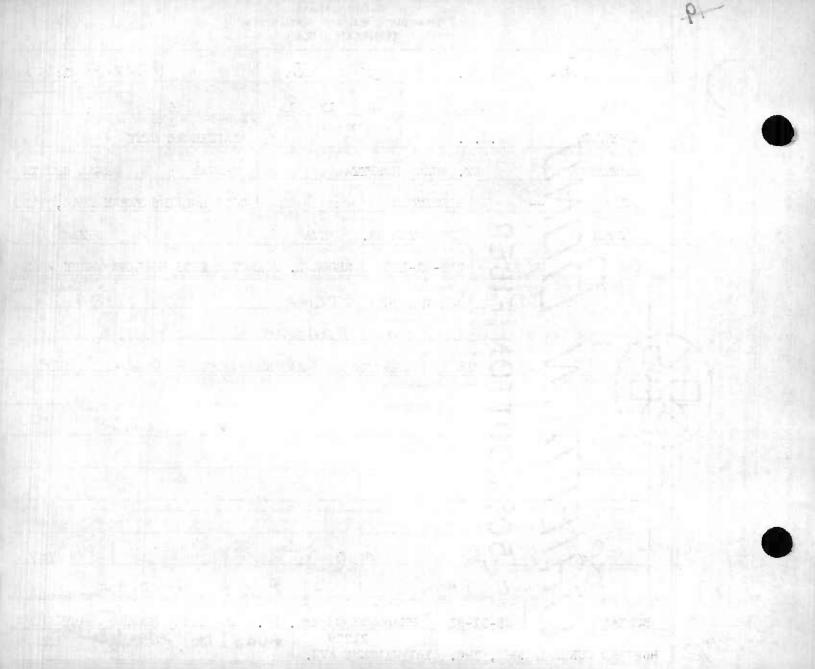
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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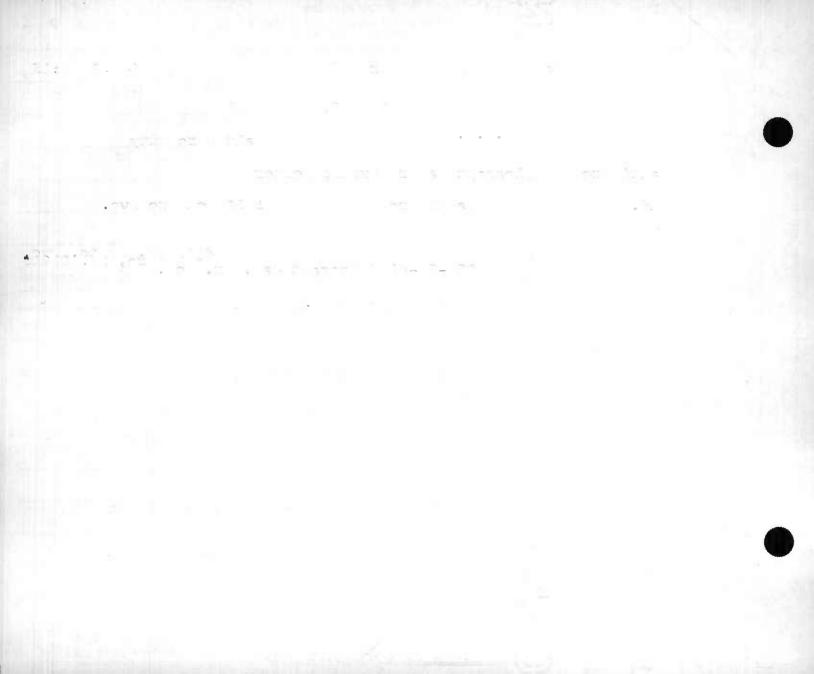
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

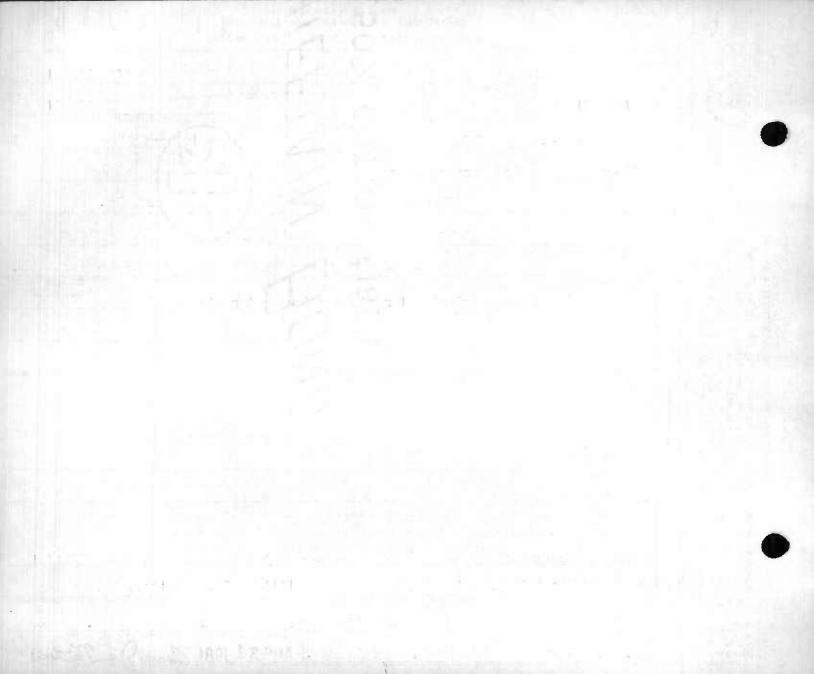


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	[179	E OR PRINT)	Sadi	0			oreman	OF DEATH A		8 2	819 81	
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1			Miss.	US		WIDOV		DRCED Balt	imore C	city.		
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ĺ	IJSUA IJa. S	L RESIDENCE (IF) TATE MD	N NURSING HOME O	OR OTHER INSTITUTION, GIV TY	Is CITY OR Balt:	TOWN TOWN LMORE	13d. INSIDE CITY LIMITS YES X NO	- 0 0 0 TT-	ford	Ct.		
j	14. F./	THER'S NAME		MIDDLE			IS. MOTHER'S MA	AIDEN NAME				
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1	3	CONTRIBUTING	CAUSE OF D			19						
1	ED	21d INJURY OCC			FINJURY (A	THOME, 21f LC	CATION					
	¥	AT WORK	T WORK	STREET, FACTO	DRY, FARM, ETC.)		STREET	CITY OR FOWN	1	COUNTY		STA
1									71			
		22a I certify th	hat I took charg	e of the remains desc	ribed obove, h	neld on Autop	sy . Inspec	ction . Inquiry	Ond in	my opinion		
		death resulted f	rom: <u>Natur</u>	ol causes X	Accident	, Suicide	, Homicide	Undetermined moni	ner .			
1			11	2 .			TITLE (SPECIFY))				
		ACTUAL SIGNATURE	Mpine	or I Wal	m	A		MEDICAL EXAMIN	JED (DATE SIGNED	8/31/8	81
1								MEDICAL EXAMIN	ier.	SIGNED	-//	
-		EXAMINER'S NA	ME Virgi	nia L. Do	lan, M.	.D.	ADDRESS	Penn St. 1	Balto.,	MD.		
1	23a. B	JRIAL, CREMATIO	N.REMOVALI 2	3b. DATE	123c NAM	E OF CEMETERY C		123d LOCATION				
	(5	Buria		9/2/81				23d LOCATION CITY OF TOWN	0 10 0	COUNTY		ATE
ŀ	24 FI	JNERAL DIRECTO		2/2/01	Le	dar Hil		Baltim TE REC'D. BY REGISTRAR	ore 125b. REGISTRA	Co.		<u>ח</u>
	-	NAME		ADDRESS					A C	MR 3 SIGNA	M/ A	
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noy be death death		CEASED NAME E OR PRINT) A CEASED NAME E OR PRINT)	MIOOLE K.	J. DATE O	aster)	20 DATE OF DEATH 8-13-8 6. AGE (IN YEARS LAST BIR	MONTH DAY	YEAR 26. HOUR 6.5	1/1
		FEMALE ISTATE OR FOREIGN	White 16 CITIZEN OF WHAT COL	JNTRY? 8.	OAY YEAR 90	9	YRS.	NIHS DAYS HOURS A	AIN.
the funero	10.0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, JIF NOVIN SUCH FACILITY, GI	WIDOWE NURSING HOME O		120 USUAL OCCUPATION WORK FOR MOST OF	DE WORKING HEEL	Lites 126 KIND OF BUSINESS INDUSTRY	MC OR
alled in by the vid be filed	JUSU 13a	AL RESIDENCE (IF NURSING JOME O		CE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	Homemake	r	Own Home	,
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that the death certificated by the attending physic gose temove carban page of cremotion, or removal in other traumatic event, the	>	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	nly one cause per line for (a), ED BY: TE CAUSE (a) ATAVA DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)	NSEQUENCE OF	Perman'a			APPROXIMATE INTERVAL BETWEEN ONSE! AND DE	ТН
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hospital hospital ned for us spt. of He rem 21 is		22a.1 certify that (1) (this hasp saw the deceosed alive or above, (b) (we) (did) (did no 27b. SIGNATURE	1 -/)	_19_ 	d that in (my) (our) opinion	death occurred on the do	ate and hour ar	, that (I) (we) and from the couses stated	lost d
TO HOSPITAL OR retained by the he TO FUNERAL DIRE should be detache with the State Dep IMPORTANT: If the		22d PHYSICIAN'S NAME (TYPE OF SHAUKAT		1 M	ATTENDING PHYSICIAN	MEDICAL STAP	0	've for	26
Bb————————————————————————————————————	230 I	BURIAL, CREMATION, REMOVAL SURIAL			METERY OR CREMATORY	Paltimore	MA	OUNTY Md.	2
HMH - 16 50M 1/B1 (VRA 15, 4)		JNERAL DIRECTOR	A	ORESS	25a. DA	TE REC'D. BY REGISTRAR	256 REGISTRAF		

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The state grows amostate alone .T.I will promote I have un-

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH MONTH 26. HOUR poge 3 LIYPE OR PRINTS GEORGE LEROY FRANCTS 8 81 5:05 A M 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTI MALE BLACK 1898 83 To BIRTHPLACE (STATE OF FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED U.S.A. Baltimore City Mass WIDOWED ID. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12b. KIND OF BUSINESS OR Veterans Administration Medical Center (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION THE COUNTY Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland 4714 Old Court Road 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST puo LAST Minnie ADDRESS 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT YES NO OR UNKNOWN) WW I 023 22 3839 Reorge L. Francis Jr, 4714 Old Court APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Cerebro vas Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying lost couse DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) CERTIFICATION 0 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED P IN CERTIFYING CAUSES OF DEATH? NOL NO F sho ronsit tentol Hygie 21a. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (X (this haspital) attended the deceased from JULY 5 1081 to AUGUST AUGUST 3 81 sow the deceased alive an AUGUST 3, above, (we) (did) (and not) view the body after death and that in (mix (our) opinion death accurred on the date and hour and from the causes stated SIGNATURE DEGREE 22c, DATE SIGNED MEDICAL ATTENDING 8/3/81 PHYSICIAN | DIRECTOR PHYSICIAN SICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS should be MINERUL 3900 Loch Raven Blvd. Balto., Md. 21218 0 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY Burial 8/6/81 Mass Pine Grove Cemeter Lynn BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) William C. March F/H 1101 E. North Ave

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3/3	Item #5 Film G55		STATE OF MARYLAND IMENT OF HEALTH AND MENTAL HY	GIENE 8 1 2	0 5 7 0
(M)	REGISTRAR 1 DECEASED NAME FIRST (TYPE OR PRINT) VIRGIN	MIA M.	FRANKLIN	REG. NO. 20. DATE OF DEATH MONTH 08/22/81	DAY YEAR 2b HOUR
pe 4 moy	Female	4. RACE Caucasian	5. DATE OF BIRTH 1911 Aug. 27 DAY 1913	6. AGE (IN YEARS LAST BIRTHDAY) 69 YRS.	6:42am
Out of All	Virginia	76. CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY OR COUNT BALTIMORE C	
	Baltimore	THE JOHNS HO	PKINS HOSPITAL	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING L	126 KIND OF BUSINESS OR INDUSTRY Read's Drugs
AND 21	SUAL RESIDENCE (IF NURSING HOME IS A TYLAN) 136. COL		more YESX NO	13e STREET ADDRESS 5017 E. Bidd	lle St. 21205
1000	Charles Steff		Emma FIRS Your	AME MIDDLE	LAST
17 19	16a WAS DECEASED EVER IN U.S. A - (YES, NO OR UNKNOWN) NO	RMED FORCES? 166 SOCIAL SEC SIVE WAR OR DATES) 215-24-		ADDRESS Franklin Same	
DS, 201 W. PRESTON ST. 1 quires that the death certific legaled by the artending particles of the Particles of the community, or other indomutic even	Canditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE CONSEQ	JENCE OF SEMS	MINAL DISEASE OR CONDITION GI	BETWEEN ONSET AND DEATH S 2 SPO S 2 S SULTA VEN IN PART 110
TALRECOR	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	YES NO Y	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
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AL OR ATTEND The hospital of AL DIRECTOR. J Setached for use are Degt, of Head	saw the deceased alive o above, (f) (we) (did) (did n 22b. SIGNATURE	euch El		death accurred an the date and had	or and from the causes stated 22c. DATE SIGNED
O HOSPII Pleamed b TO FUNER heald be mit the Sa	22d. PHYSICIAN'S NAME ITYPE	A. Elleuby	e and 220 ADDRESS John	· Kopkrus Me	Deligo
634BP	Burial, cremation, remova	8/25/81 N	Name of cemetery or crematory Maryland Nationa		COUNTY STATE
OHMH-16-50M 1/81 (VRA 15, 4)	24. FUNERAL DIRECTOR Schir	munek Funeral,	Home, 21213	TE REC'D. BY REGISTRAR 256. RANGE ALIG 2 5 1981	

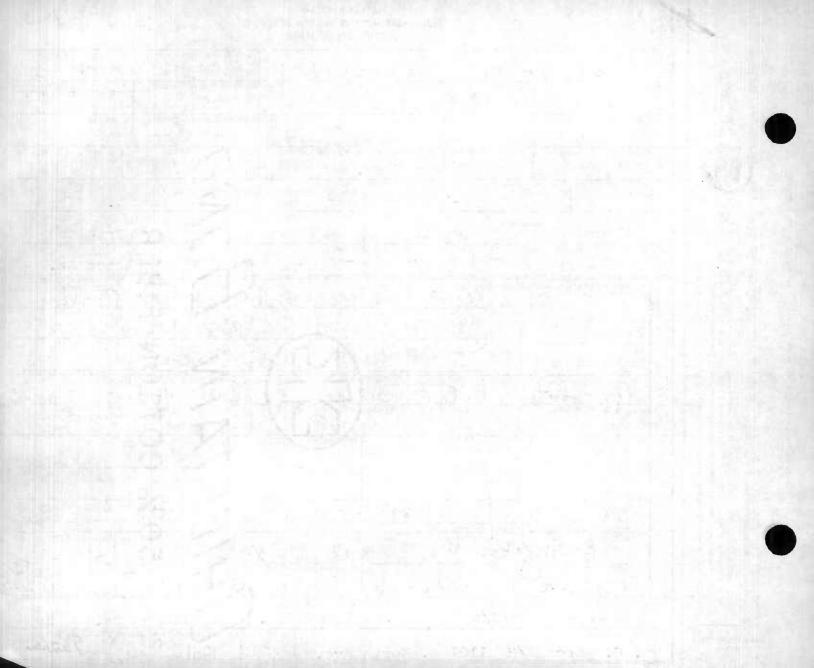
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STATE OF MARYLAND

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1	6	1	- STATE REGISTRAR	DEFARIN	REG. NO.	0 .7 / 34	
			DECEASED NAME FIRST	MIDDLE	LAST		AY YEAR 26 HOUR
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ge 4 mo	after of	3.	Male	White	5. DATE OF BIRTH MONTH OAY 1894	86 8 XX YRS.	FUNDER I YEAR IF UNDER 24 HRS.
4	(An)	1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
deorth	EMIS	>	MARY LAND CITY OR TOWN OF DEATH	U.S.	WIDOWED TO DIVORCED	BALTIMORE C	ITY MD.
201 urs ofter	11 1/3	1	BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET)	ADDRESS!	(TYPE OF WORK FOR MOST OF WORKING LIFE MERCHANT	RETAIL
4ND 21	filled in sould be		STATE 1 120 COL	DR OTHER INSTITUTION GIVE RESIDENCE BEFORE INTY 13c. GTY OR TOWN ***********************************	ADMISSION) 138 INSIDE CITY LIMITS? ORE YES NO	13. STREET ADDRESS APT.	811 Street 21218
RYL	pletely nd 2 sh	14.	FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME MIDDLE	LASI.
. MA	E 0 - 8 -	1	PHILLIP	FREEDMA		400000	UNKNÓWN
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BALT core E	ysicia opers val.		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	unly one couse per line for (o), (b), and	f (c).)		BETWEEN ONSET AND DEATH
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	by the	Т	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		(v	
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IL REG	hos bernene pows o						ING CAUSES OF DEATH?
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10F	certificate priol-transi ental Hygi Item 18 sh	/ ह	OR CONTRIBUTING CAUSE OF DE	MIN	19		
PHY endir	this ne bu	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	211 LOCATION STREET	CITY OR TOWN	COUNTY
DING or off	After os ti lith o		AT WORK		July 23 10 8	August 14	-2/
Z 2	OR: USe of Head		sow the deceased alive o	n August 19	0-1	death occurred on the date and hour	9, that (1) (me) last
A ATT	RECT ped for ppt. o		above, (1) (we) (did) (did +	ot) yiew the bady after death	DEGREE		22c, DATE SIGNED
the of	e pod		Cut	Ly Bakal	M.D ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	Queant 14 1981
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TO HO	TO FUNERA should be do with the Stor		Hrthu	r Bakal, M.D.	SINAI HO	SPITAL	
1201	- 5 ≤	23	BURIAL, CREMATION REMOVA	23b. DATE 14/81 BI	IAME OF CEMETERY OR CREMATORY	BALLTOMORE	COUNMARYLANDATE
AU BI	P	L	FUNERAL DIRECTOR SOL	LEVINSON & BROS.	TNC	TE REC'D. BY REGISTRAR 255 REGISTR	AP'S SIGNATURE
	16 30M 2/80 RA 15, 4)	-	6010 REISTERST			161 9 1981 France	Quellasth
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME Marie 20. DATE KNOWN X MONTH DAY 2b. HOUR (TYPE OR PRINT) ESTI-FRE ITAS DEATH MATED 8-23-81 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 23 H318 YEAR BIRTHDAY) PRONOUNCED female white DEAD 8-23-81 TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIEDE NEVER MARRIED Maryland U.S.A. WIDOWED [DIVORCED Baltimore City O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS At Home Housewile SHOULD BER 718 S. Fagley Street Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d INSIDE CITY LIMITS? Baltimore Marulana 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST FIRST MIDDLE LAST Teichman oseph Margaret 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 16h SOCIAL SECURITY NO (YES, NO, OR UNKNOWN) Herbert E. Freitas 718 S. Fagley Street No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) WEDICAL EXAMINER ALONG WAS A BURIAL - TRANSIT PERMIT BETWEEN ONSET AND DEATH MENTAL HYGIENE, N, OR REMOVAL. PART I DEATH WAS CAUSED BY Cirrhosis of liver IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. JAILE, WARDED TO THE CHIEF MEDICAL EXAMER PORE SANDUED BE USED AS A BURIAL THE STATE DEPARTMENT OF HEALTH AND MIND. 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTINCATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES I NO X 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE & SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFIRE DEATH, WITH THE STATIS BALTIMORE, MARYLAND, 2120 XX 220 I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 8-24-81 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF STATE astern 24. FUNERAL DIRECTOR So. DATE REC'D. BY REGISTRAR **DHMH-17** (VR A15 ME (5)) 901 5 15M 2/80

No. DE W I Sure and Alexander Transfer values of No. 19 and The state of the s

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1	1.58		4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	R IF UNDER 24 HRS
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ysicio opera opera it, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line	e for (o), (b), and (c).				XIMATE INTERVAL NONSET AND DEATH
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ottendin nove cork otton. or iroumofic		Conditions, if ony, which gove rise to immediate	(ip)		17/02		2	HOURS
that the d by the lease remind, creminal or other t		couse (o), stating the underlying couse lost.	(c)	** SEIZURE		c smock	12	HOURS
n. nos been signe permit Then p ne prior to bui	CERTIFICATION	PART 2 OTHER SIGNIFICANT I	Æ	TRIBUTING TO DEATH BU		20a AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE	INGS USED S OF DEATH?
Vsicio cote h cote h Hygie 8 sho	GER!	210. ACCIDENT WAS UNDERLYING	21b. TIME OF IN		21¢ HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	YES TO PART 1 OF PART 21	NO []
ICIAN 9 phy entificial-transfold model to	_	OR CONTRIBUTING CAUSE OF DE.		MONTH DAY YEAR			,	
offending ter this case the burner ond Merked or it	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF		211. LOCATION STREET	City OR TOV	wn COUNTY	STATE
TTENDIN pital or TOR: Af for use of Meolti		27a I certify that (I) (this hasp sow the deceased alive an above (I) (we) (did) (did no	8/22	10 2 (nd that in (my) (our) opinion	to 8/2	2 19 37	, that (I) (we) last
At OR A the hos At DIREC detoched of Dept.		226. SIGNATURE Quin	B flear	er deorn.	DEGREE	MEDICAL STAP	22c. DATI	SIGNED 22/8/
O HOSPITAL etoined by to FUNERAL should be decount to the Stote with the Stote MPORTANT:		224 PHYSICIAN'S NAME (TYPE OF	PEAR	SE	22e. ADDRESS			PITAL
D =		BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	
BP	-	ÜRI'AL	8-24-8		IORE CEM.	QUEENS.	N.Y.	STATE
DHMH - 16 50M 1/B3 (VRA 15, 4)		OL LEVINSON & E	BROS BAI	REISTERSTOW TIMORE, MD.	N RD. (21215)	TE REC'D. BY REGISTRAR	Carres lar	Wather

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20. DATE OF DEATH MONTH

2h HOUR

28 1981 Thences

tem 18c G559 9/22/81 dad

- STATE

TYPE OR PRINT)

REGISTRAR DECEASED NAME

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical exp

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

GIENE 8 1 2 0 5

91	1	REGISTRAR		CER	TIFICATE OF DEATH	REG. NO	0	
1	DE	CEASED NAME FIRST	MID	DLE	LAST		MONTH DAY YEAR	2b HOUR
13	11794	Sarah		FRIC	edman		8-21-81	7:05 AM
	3. SE	× FEMALE	4. RACE WHITE		TE OF BIRTH 10,1894 YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS YRS.	
7	7a. BI	RTHPLACE (STATE OR FOREIGN POLAND	76 CITIZEN OF WE	MAR	RIED NEVER MARRIED D		ORE CITY	MD.
9	F	TY OR TOWN OF DEATH	JOHN JOHN	ACILITY, GIVE STREET ADDRESS)		12a USUAL OCCUPATION OF HOUSEWIFE	DE WORKING LIFE) 12b. KIND (INDUSTRY) HON	OF BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING) THE OR STATE 136 COUNTY (136 COUNTY)		VE RESIDENCE BEFORE ADMISSIN BL. CITY OR TOWN BALTIMORE	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 6961 BLANCI	HE RD. (2121	15)
9	4. FA	THER'S NAME DENJAMIN	MIDDLE	KATZ	15. MOTHER'S MAIDEN NA.	WE	UNY	ĈNOWN
2		VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16 E WAR OR DATES)	216-18-6982		ADDRE NT 6961 BL		21215)
7	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2. OTHER SIGNIFICANT C	(b) DUE TO, OR A		onic Brain	Syudion		INGS USED
4/	MEDICAL CERTIFI	21 a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (1F EITHER, NOTIFY MEDICAL EXAMINER	P.M,	MONTH DAY YE	9	YES NOD	YES 🗌	NO [
	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a. I certify those of sow the decosed olive on obove, (1) (we) (did) (did no obove, (1) (we) (did) (did) (did no obove, (1) (we) (did) (did) (did no obove,	tal) attended the c	, FACTORY, OFFICE, FARM, ETC	21f LOCATION STREET 7, 19 77, ond that in (my) (our) opinion	city or to	5/21, 19 8 (, that the (we) last
/		obove, (I) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN' (NAME (TYPE O R. GL.	Hade	ef deoth.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	22c. DATE	SIGNED /
	23a. B	BURIAL, CREMATION, REMOVAL SPECIFYBURIAL	23h. DATE 8-23-81	MIKRO	F CEMETERY OR CREMATORY KODESH BETH IS		The second second	4.4
	24 FL	JNERAL DIRECTOR		6010 DETCT	EDSTOMNI DD 250. DAT	E REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNA	MANY THEMA

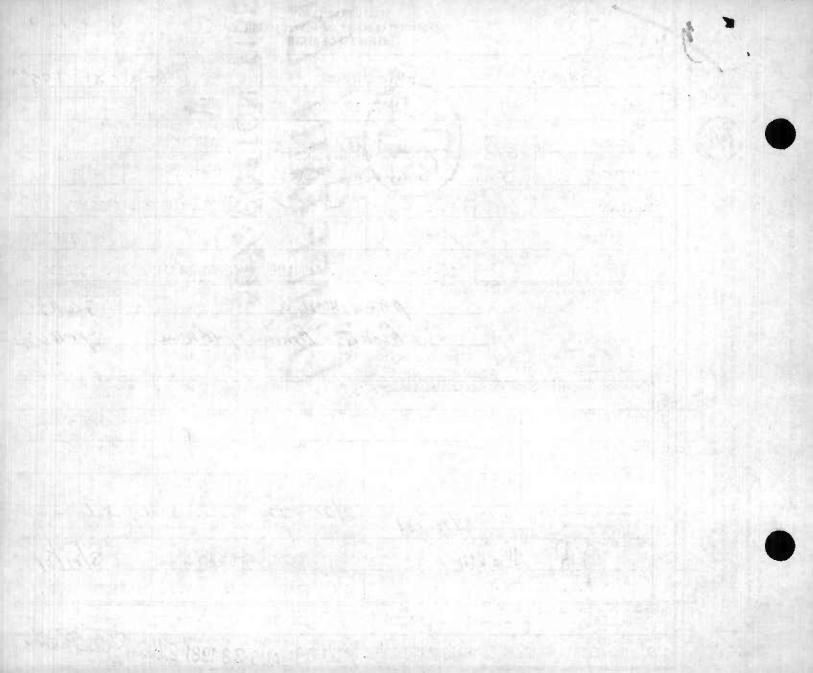
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BP.

SOLAMLEVINSON & BROS

BALTIMORE, MD. (21215)

AUG 28 1981



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

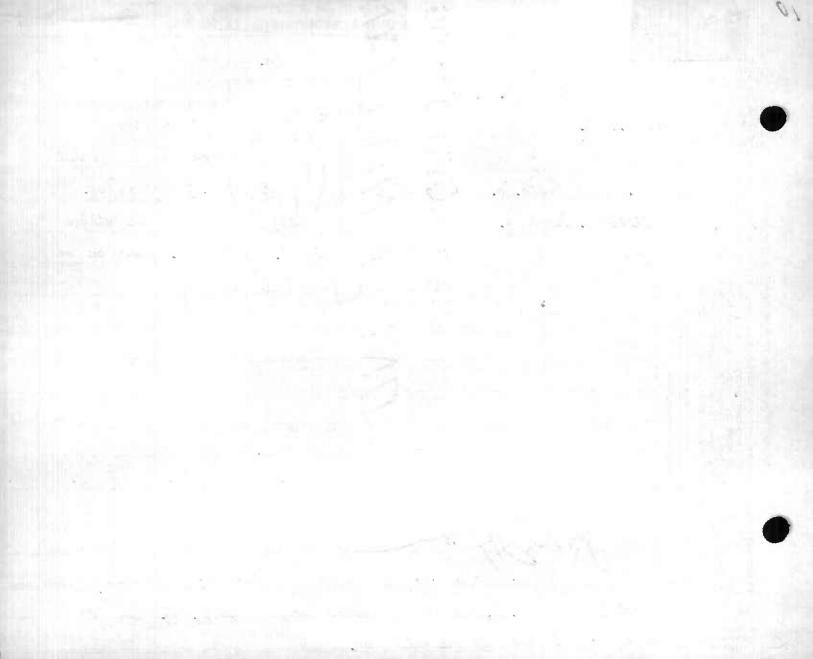
CERTIFICATE OF DEATH

- STATE

REGISTRAR

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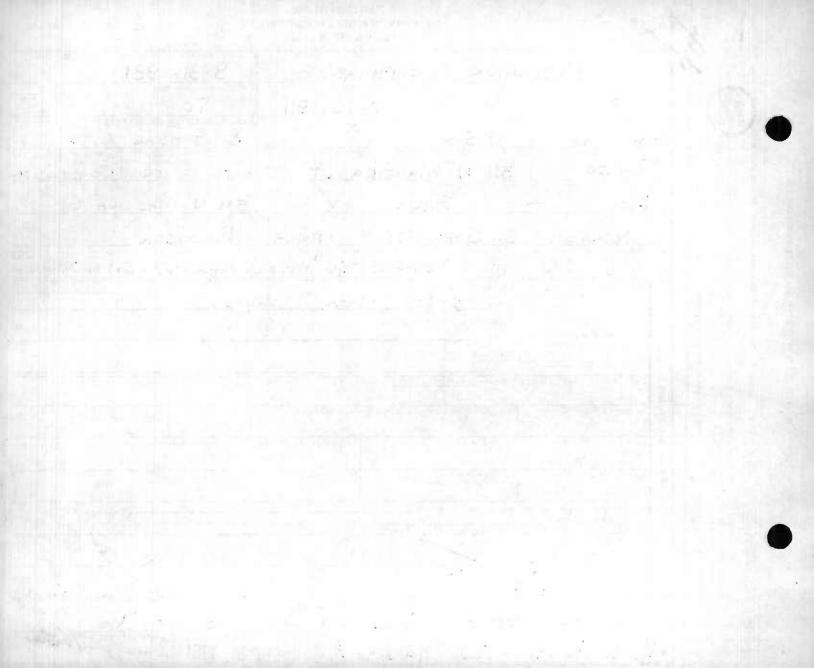
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	00	Ľ	REGISTRAR		ME	DICAL EXAM	AINER'S	CERTIFICATE	OF DEATH	REG. NO.	0 3 /	0
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	PR. PLEASE DIRECTOR. DUR FILES. 77 HOURS ON STREET,	3. SE	X 4 RAC		DATE OF BIRTH	J.	(IN YEARS IF UI	FURST 2	-		3 14 19 81	M
	Z 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3. 52	^	A	AONTH DAY	YEAR LAST E	IRTHDAY MONT		R 24 HRS. Zc. DA	TE MON	ITH DAY YEAR	1:58
	99958				ct. 23, 1		YRS.		DE	AD 8	3 14 19 81	M d
	Man and Co		IRTHPLACE (STATE OR DREIGN COUNTRY)	7b.	CITIZEN OF W	HAT COUNTRY?	8. MAPE	IED NEVER MAR	9. BALT	IMORE CITY OR CO	UNTY OF DEATH	1000
	《路牌主公		alto. Ad.		USA		WIDOV			imore City	,	
P.D.	Charles -		ITY OR TOWN OF DE	ATH U.		SPITAL, NURSING H				UPATION (TYPE OF WO		MD.
	SEATERSX	1	Daltiman	1	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDI	RESS)		FOR MOST OF W	ORKING LIFE)	_OR INDUST	
	H. IF ANY DELA N. 2. AND TO N. 3. RETAIN P. 2.2 SHOULD BE TAL RECORDS.	IISII	Baltimore AL RESIDENCE (IF IN NI	3	univer	rsity Hos	рітац		Printe	t	Print	
2	S C C C C C C C C C C C C C C C C C C C	1130. 9	STATE	136. COUNTY	HER INSTITUTION, GI	12 CITY OR TO		13d. INSIDE CITY LIMITS?	13e. STREET ADD	RESS	174	
2120	A S S S S		rid.	Balto	.Co.	Catonsus		YES NO K	102 N.	Syminaton	Ave.	
C. C.	AA A	14. F	ATHER'S NAME					15. MOTHER'S MAID				
	E288/2)3(1	Victor 2		DOLE	LAST		Paru		MIDDLE	Muliffe	
g	20840 -	16s. \	WAS DECEASED EVER			16b. SOCIAL SEC	LIRITY NO	17. INFORMANT		ADDRESS		
A CALL	E TONO	0	ES, NO, OR UNKNOWN)	(IF YES, GIVE WAR					A + 100		stander	
3	SAGIN		yes	11.12		216 05 6		Rua 11.	rurse 102	N. Symin	gion nue	
H	HOURS M 18. G MG WIT RMIT. P. INE, DIV		18. CAUSE OF DEAT	H (Enter anly ar	ne cause per line	for (a), (b), and (c)	.)				APPROXIMATE BETWEEN ONSE	INTERVAL
Z	A FERNAN		PARTIDEATH W	IMMEDIATE C	AUSE (a) GL	unshot wo	und of	chest (har	ndaun)			
C	A P P P P P P P P P P P P P P P P P P P		19650			AS A CONSEQUE						
LL.	EAN ER		Conditions, if	ony, which								
>	NA PARA		gave rise to couse (a) stating		(b)	AS A CONSEQUEN	ICE OF					
7 10	B 2 3 3 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3		lying cause lost.		DOE TO, OR	AS A CONSEQUE	ACE OF	*				
	CATE, WRITHCATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH CATE, WRITHOTHE WORD "PENDING" IN PENCIL IN 1TEM 18, GIVE PAGES 1). FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. OR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PAGES 1 AND THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITHOU, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.				(c)							
2	A A B S S S S S S S S S S S S S S S S S	l _	PART 2 OTHER SIGNIFICAN	T CONDITIONS CONT	RIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	E OR CONDITION GIVEN IN P	ART 1 (e).			
RECORDS	RE AS S S S S S S S S S S S S S S S S S S	CERTIFICATION										
	3 7 3 3 1	13	196. DATE OF OPERA	NOITA	19b. CONDI	TION FOR WHICH	PERATION W	AS PERFORMED?			20 AUTOPSY?	
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>	CERTIF TING TING 3 SHO DEPAR	MEDICAL	214 INJURY OCCUR	KED	STREET FACT	OF INJURY (AT HOM		CATION	CITY OR	TOWN	COUNTY	STATE
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	MERGEN		death resulted from	: Notural c	ouses .	Accident .	Suicide	, Homicide K.	Undetermined	monner .		
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	NOR SET	-		1 6	//							
	M S W E W E		(TYPE OR PRINT)	Ann I	M. Dixo	n. M.D.		ADDRESS111	Penn St.			
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: PATER DEATH, WITH THE STAND, 2	23a.B	URIAL, CREMATION, F				CEMETERY	R CREMATORY				
		(-	SPECIFY)	6	7.0	. 41 0			23d. LOCATION CITY OR TOWN		COUNTY ST.	ATE
	BP	74 F	UNERAL DIRECTOR	Mu	g. 18, 19	81 New C	athedri	al Com	Balto	An Decree	E SUCVESTIBE	
40	DHMH - 17	- 2	NAME		ADDRESS			TATE OF THE PARTY	REC'D BY AEOST	AR THE REGISTRAN	SOUNATURE	
the	(VR A15 ME (5)) 15M 2/80	1	Parley Fun	eral Non	ne 6601	Ira eric	k. Ave.					
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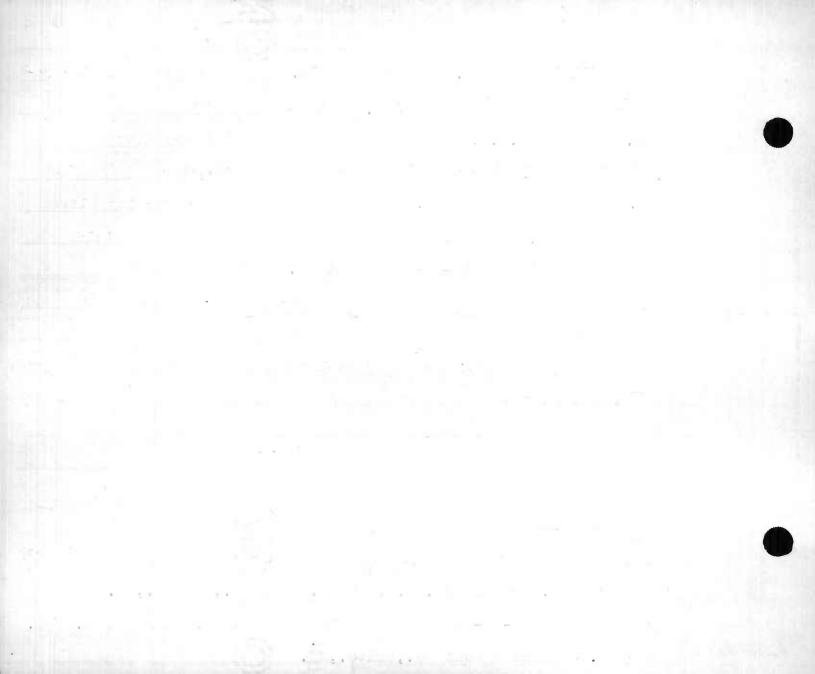
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST L DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR (TYPE OR PRINT) Eva Amanda GAGNE August 23. 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR 96 DAYS HOURS Female White 7.0 To, BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Baltimore City Maine WIDOWEDIKOK DIVORCED [10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Belair Convadesarium Retired PRESTON ST., BALTIMORE, MARYLAND 21201 Hecht Co. USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE DEFORE ADMISSION 130 STATE 13b COUNTY 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 713 S. Highland Avenue Raltimore Md YES TO NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Celestin Tondreau Clouthier Amanda 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-26-7747 Raymond Gagne 5404 Seward Avenue 21206 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ONSEQUENCE O Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORM 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED P IN CERTIFYING CAUSES OF DEATH? ental Hygiene NOF NO F YES T 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE 220.1 certify that (1) (the hespital) attended the declased from 19 81 sow the deceased alive on, and that in (my) (aux) opinion death occurred on the date and hour and from the causes stated obove, (I) (wanted) (did not) view the body ofter death 22b. SIGNATURE DEGREE 22c DATE SIGNED TAI D ATTENDING MEDICAL 8-24-81 TO FUNERAL Eshould be detained with the State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Albert B. Bradley, M.D. 4900 Belair Road Balto., Maryland 21206 230. BURIAL, CREMATION, REMOVAL 23b, DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 8-26-81 St. Stanislaus Cem. Baltimore City , Maryland BP BY REGISTRAR 256 PEGISTRAP S IGNA (24 FUNERAL DIRECTOR DHMH - 16 50M 7/77 (VR A 15 (4)) C.S. Zeiler & Son Inc. 901 S. Conkling Street

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	1			STATE OF MARYLAND			
X	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B REG. N	2 0 5	8 0
V	I. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH		2b. HOUR
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	1.58	×	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR		IF UNDER 24 HRS
1	L	M	W	7-16-1911	70	YRS.	HOURS MIN.
100		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	1 5
-52	10	TY OR TOWN OF DEATH	U. S. A.	WIDOWED DIVORCED	DALTIN		
かつ	10 0	BALTO.	(IF NOT IN SUCH ACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS) ADEIRA ST.	120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF	OF WORKING LIFE) INDUSTRY	BUSINESSOR
9	USU		OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)			TRUCT-
Ž	130.	M.D	UNITY 13c. CITY OR TO		13e. STREET ADDRESS	MADEIRA S	T.
Sine	14. F.	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N.	AME	THE PARTY OF THE P	
3300		NORMAN	S. GAPHA		JEROU:	SEK	
medicol	160	VAS DECEASED EVER IN U.S. A	(VE WAR OR DATES)		ADDR	ESS	200
			·W.II 217-09	-6133 Apris. Harie	J. Dayston	elt-511 N. 1	bodeiro
t, the		18 CAUSE OF DEATH (Enter of	only one couse per line for (ai, /b), a	nd (c)		APPROXIM BETWEEN OF	NATE INTERVAL
ven		PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0). Me	1. · hep. 70 d	Mean	AND THE AVE	
tic or re		4149	- 0	THE OF			
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njury,	Z	PART 2. OTTIER SIGNIFICANT	CONDITIONS CONTRIBUTING IC	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(6)	
ony ir	CERTIFICATION	190. DATE OF OPERATION	19h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDING	CSILISED
	문			TOTELLY MOTERIAL ON MED		IN CERTIFYING CAUSES C	OF DEATH?
show _	E	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	1212 HOW INTURY OCCUP	YES NO	YES 🗌	NO 🗌
00		OR CONTRIBUTING CAUSE OF D		DAY YEAR 21t. HOW INJURY OCCUI	KKED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)	
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00	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	(21f. LOCATION STREET	CITY OR TO	WN COUNTY	STATE
orked	-	AT WORK NOT WHILE AT WORK					
E		22a.1 certify that (I) this has	pital) attended the deceased from		, to	, 19, th	not (I) (we) lost
2		sow the deceased alive a	on	, ond that in (my) (our) opinion	deoth occurred on the d	ate and hour and from the co	ouses stoted
Hea		226. SNOWLATURE	No. of the second	DEGREE		22L DATE SI	IGNED
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Z-	1	224 PHYSICIAN'S NAME (1999)	MINE TO A STATE OF THE PARTY OF	22e ADDRESS	DIRECTOR PHISIC	-IAN DE	- 3
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IMPORT	220	UIDIAL CREMATION PERSON	Z R V IS		rose (4	SU Mus IN	Min Mayo
	230.	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF JOWN	Vapunti	U STATE
-	100.5	BURIAL	94-81	BALTIMORE CEM		TO. MA	<u> </u>
7/73	0	NERAL DIRECTOR	000 - 7527 ADDRESS			256 REGISTRAR'S SIGNATUL	ather
_	1	Manton W. DI	Ver - 7527 He	and R.D. CE	P 3 1981	peners fan	



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/	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 2 0 5 8 3
6	1 - STATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.
o p p p	1 DECEASED NAME FIRST	MIDDLE LAST CONTROL OF DEATH MONTH DAY YEAR 26 HOUR X 18 81 4A M
\$ 6 0 €	3. SEX	4 RACE 5. DATE OF BIRTH MONTH DAY YEAR 6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DATS HOURS MIN.
Poge	76. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. 9. BALTIMORE CITY OR COUNTY OF DEATH
death.	COUNTRY) M 8	widowed Divorced Dalto, C'ty MD.
s ofter of the filled of the f	Dalto.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SGH 120. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LYPE OF WORK FOR MOST OF WORKING (IFE) INDUSTRY
24 hou 212 nould be must be	USUAL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) UNTY 134. CITY OR TOWN 134. INSIDE CITY LIMITS? 136. STREET ADDRESS 7541 Fourth St.
MARYLA within ad within mpletely ond 2 sh	THER'S NAME FIRST P IN hold	MODIE Gast 15. MOTHER'S MAIDEN NAME MIDDLE Brecher
BALTIMORE, P cate be execute ysicion and car you. y, the medical	160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) 15 YES, GT	ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Balto, Md 21225 SIVE WAR OR DATES) 217-09-7605 Leona Klimm 3541 Fourth Street
PRESTON ST., BA he death certificate he attending physic emove carbon pap mation, ar removal retroumatic event, t	PART I. DEATH WAS CAUSE	only one couse per line for (a), (b), and (c). SED BY: ATE CAUSE (a) Cardio - Pulmonary Arrest DUE TO, ORAS A CONSEQUENCE, OF Failure DUE TO, ORAS A CONSEQUENCE OF
ECORDS, 2 ow require. been signs mit. Then p prior to buy.	PART OTHER SIGNIFICANT OP S S 1 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	T CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 LE CECH MY OCAY D'AL IN CAPTURE FINDINGS USED 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO
N OF VITAL SICIAN: The age physicia certificate in certificate in riol-tronsit entol Hygie leen 18 sho	OR COLUMNIC CALLES OF DE	
DIVISION OF VITAL RIDING PHYSICIAN: The lost of attending physician. After this certificate hose is as the burial-transit per of the and Mental Hygiene marked at Item 18 shows	GREAT STATE OF THE CAUSE OF DE	P.M. 19 21e. PLACE OF INJURY [IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] 21l. LOCATION STREET CITY OR TOWN COUNTY STATE
RATTENDI on nospitol or RECTOR: A ed for use pt. of Heal	228.1 certify that Mathis hasp sow, the deceased alive are obtive. In (we) (did) (within 22b. SIGNATURE	pital) attended the deceased from
TO HOSPITAL OR A retained by the hos TO FUNERAL DIREC should be detached with the State Dept.	27 HISICIAN'S NAME TYPE	Collecte MD ATTENDING MEDICAL STAFF 8/18/81
TO HOSE retained TO FUN should b with the	Jorge	Vallecillo SBGH
2534	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHYOR TOWN COUNTY STATE OF CO
DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR George J. Gono	4001 Ritchie Hwy 250. DATE REC'D. BY REGISTRAR DEGISTRE'S SIGNAURE

The second of th washing the - 7605 Leona hill a first court, thousand toot lead a service of the service o

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

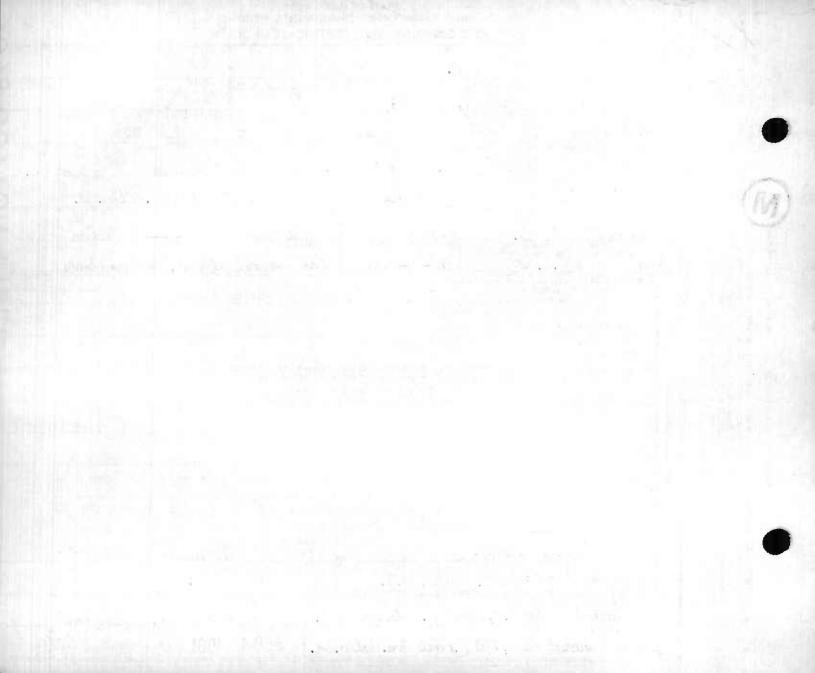
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	REGISTRAR			CERTIF	ICATE OF	DEATH		REG. NO.			-
		IRS1	MIDDLE	(AST		2a. DATE OF DE		DAY	YEAR	26 HOUR
(TYPE	JOH	N FRANCIS	G/	AUGHAN				8	23	81	10:40A
3. SE.	Х	4 RACE		5. DATE C			6 AGE (IN YEARS	LAST BIRTHDAY)		NDER 1 YEAR	IF UNDER 24 HRS
	MALE	WHI	ΓE	9 NTH	17	18	62	YR	MONI	HS DAYS	HOURS MIN.
a. Bi	IRTHPLACE (STATE OR FORE	IGN 16 CITIZEN O	WHAT COUNTRY	Y? 8			9 BALTIMORE			DEATH	-
	ENNSYLVANIA	U.S	.A.	WIDOWE		MARRIED X	BALTIMO	RE CITY			MI
10. CI	ITY OR TOWN OF DEATH	11 NAME OF	HOSPITAL, NURS				12a USUA	WPAHON			OF BUSINESS OR
	LTIMORE		NS ADMIN	ISTRAT]	ION MEI	ICAL C	NTER Em	ployee	e IIFE)	Md.	State
13a S	AL RESIDENCE (IF NURSING	COUNTY	Pikeso		13d. INSIDE (CITY LIMITS?	13e STREET ADD	RESS			
		ALTIMORE	Tres	TTTE	YES 🗌	NO 🕱		k Avenu	ie		
I FA	ATHER'S NAME	WIDDLE	LAST			S MAIDEN NA		IDDLE		, IA	S1
	N/A		aughan		Mar				S	chie	elds
	VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (H	J.S. ARMED FORCES? FYES, GIVE WAR OR DATES!			17 INFORM			ADDRESS			
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	18 CAUSE OF DEATH IE PART I. DEATH WAS	nter only one couse po	er line for(10), (b), (ond IC'.	1					APPROX BETWEEN	ONSET AND DEATH
		MEDIATE CAUSE (0)_	Pulmou	nary	Abu	1					
	1629		OR AS A CONSEO	UENICE OF						V-1-	
	Conditions, if ony, wh		SOUAL		.00 c	an Come	na of t	WLUV	~		
	gove rise to immedi	iote	2000			00 - 01 K	0		7		
		the DUE TO,	OR AS A CONSEO	UENCE OF					-		
	onderlying coose	(c)_									
7	PART 2. OTHER SIGNIFIC	CANT CONDITIONS	ONTRIBUTING TO	O DEATH BUT	NOT RELATE	TO THE TERM	INAL DISEASE OF	CONDITION	GIVEN II	N PART 1	0.
CERTIFICATION								- 4 64			
ICA	19a DATE OF OPERATION	196 CON	DITION FOR WHIC	CH OPERATIO	N WAS PERFO	DRMED	20a AUTOPSY				NGS USED S OF DEATH?
RTIF	Sand of the second						YES NO		YES 🖵		NO 🗆
U	210. ACCIDENT WAS UNDERLY		OF INJURY	DAY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM	IB PART	OR PART 2)	
AL	OR CONTRIBUTING CAUS	OF DEATH	.M.	19							
EDICAL	21d INJURY OCCURRED		OF INJURY	.,,	211 LOCATI	ON				-	
X	WHILE NOT WHILE	{AT HOME, S	TREET, FACTORY, OFFICE	E. FARM, ETC }	STREE	T	CI	TY OR TOWN		COUNTY	STATE
	220.1 certify that 20 (thi	- horaital) attended (he deceased from	JULY	28,	81	, AUGI	UST 23.	10	81	1 30 ()1
				0.4		(our) opinion	deoth occurred or				thot 20 (we) los
	obove, X (we) (did)	live on AUGUST	y ofter death			(cor, opinion		THE GOTE ONG	noor one		
	220. SIGNATURE	1 11		•^	DEGREE	ATTENDING	MEDICAL	STAFF		22c. DAJE	
	hude	~ M	Mone			PHYSICIAN [81:	2418/
	22d. PHYNICIAN'S NAME	(TYPE OR PRINT)			22e. ADDRES	SS				100	
	IN	ah Mi	NLOVE		3900	Loch Ra	aven Blv	1. Bal	to.,	Md.	21218
3a. B	BURIAL, CREMATION, REA	AOVAL 23b. DATE	230	NAME OF C	EMETERY OR	CREMATORY	23d. LOCATIO				
	Burial	8/26	/81 5	t. Ma	rv'e	Cemete	re Har	nover		WSD.	STATE
24 FL	UNERAL DIREEOR Ba		- ID	1.100	- y 13		E REC'D_BY R	STRANTS	SISTING	SIGNA	there a.
1	Fleming Fu	rnes	ADDRESS	Danaga	- N/ -1	ΔΙ	IG 2 5 198	Mas	my	1	CAN COM
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME a DATE KNOWN TYPE OR PRINT! ESTI-Frederick Gebhart 8 28 8 DEATH MATED WITHIN 72 HOUR! 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER I YR. IF UNDER 24 HRS DATE 74 HOUR 11:05 LAST BIRTHDAY PRONOUNCED March 31.19 8 DEAD male D IA BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland WIDOWED [DIVORCED Baltimore City 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY South Balto. General Hosp. (DOA) Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30. STATE 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? STREET ADDRESS St. Balto. Md. anuland NURS AFTER DEATH
18. GIVE PAGES 1
WITH FORM PM 3. R
IIT. PAGES 1 AND 2 SH
IIT. PAGES 1 A 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST rancis Neuman ADDRESS YES, NO. OR UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? TAL SOCIAL SECURITY NO GIVE WAR OR DATEST 212-09-6038 Miss Roseann Gebhart. Same as above CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MENTAL HYGIENE, N. OR REMOVAL. PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a)___ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF BURIALlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A E OF HEALTH / CERTIFICATION Chronic obstructive pulmonary disease 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? 201 PRIOR TO BURIAL, YES [] NO IX E3 SHOULD BE L 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE. WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGI AFIER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 22a I certify that I taak charge of the remains described above, held an death resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) Assistant DATE 111 Penn St. EXAMINER'S NAME Virginia L. Dolan, M.D. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Md. Veteran (emt. rounsvi 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRARS SIGNATURE **DHMH-17** SEP Id ally Funeral Home, 130 8. Fort Ave. Balto. Md. VR A15 ME (5)) 15M 2/80



8	1	FOR STATE REGISTRAR	DEPA	RTMENT OF HI	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	0	20	3 8 6
poge 3	(TYPI	CEASED NAME FIRST OR PRINT) MARIE		G	EE		8/ 4/8/	26. HOUR 256
for, p	3. SE	FEMALE	BLACK	5. DATE O	131/05	6 AGE (IN YEARS LAST BIR	YRS.	F IF LINE SAME.
MB.	3	VA.	76. CITIZEN OF WHAT COUNT	WEOWE	The state of the s	BALTO	R COUNTY OF DEATH	W
e fild	V	BALTO.	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST	REET ADDRESS)	Sp. of MD.	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST O		OF BUSINESS OR
hould be	13a. :	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COU	OR OTHER INSTITUTION GIVE RESIDENCE BE INTY 13c, CITY OR T	OWN I	YES NO [ildwood	PKWY
30 July		NEAL FIRST	MIDDLE CLAST	e	15. MOTHER'S MAIDEN NA	WIDDLE	Wa	tson
S. Poges 1		VAS DECEASED EVER IN U.S. AI res, no grunknown)	RMED FORCES? 166 SOCIALS IVE WAR OR DATES) 217-2	16-2654	Fsaclora C	Ellis 636	Wildwood	Pkwy
emaval.			inly one couse per line for (a), (b) ED BY: ATE CAUSE (a)	ond (c).)	ment		APPRO BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
ove carb tion, or r oumatic		4100 Conditions, if any, which	DUE TO, OR AS A CONSE	QUENCE OF	ine sho	ch.		
leose remo iol, cremo or other tr		gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSE	QUENCEOF	and My	ocardial i	Infarater	
r ta bur injury,	NOI	PART 2. OTHER SIGNIFICANT	Brain Do	TO DEATH BUT I	NOT RELATED TO THE PERA	MINAL DISEASE OR CON	· C.	anei
Sows an	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION	I WAS PERFORMED	200 AUTOPS♥ YES □ NO ▼	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
burial-transi Mental Hygi or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	RY IN ITEM 18 PART 1 OR PART 2)	NEW YE
Ith and Me arked or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
of Healt		snw the decensed plive or	nital) attended the deceased from	Car	(Jat in (my) (our) opinion	death occurred on the de	19_8/ ate and hour and from th	, that (I) (we) los le couses stated
ste Dept.		226. SIGNATURE	Corry-	tos i	ATTENDING PHYSICIAN [MEDICAL STAR	Far 18/	E SIGNED
should be determined with the Stote		22d. PHYSICIAN'S NAME (TYPE	1	TON	5813 Loch	Raven Bu	LD. Bal	t. Md.
4° × M		BURIAL, CREMATION, REMOVAL	1 23b. DATE 8-8-81	Arbuti	METERY OR CREMATORY	23d LOCATION ATTOWN	his COUNTY	STATE
OM 2/80 5, 4)	24 F	INERAL DIRECTOR	and Elu ADDRE	SINIF	250 DA	TE REC'D. BY REGISTRAR		ATURE 21

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1	1	FOR STATE		DEPARTA	LENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	IENE 8	20	5 8	8			
		REGISTRAR AKA	Roosevelt	Relafor	dCERTIF	ICATE OF DEATH	REG. NO.						
	I. DE	CEASED NAME FIRST	MIC	DOLE		AST	20. DATE OF DEATH MO	YEAR 26 HOUR					
		Eddy			GEOR		AUGUST 39,		10:00	775			
	3. SE		4. RACE		5. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTHD		DAIS HOURS	MIN.			
	0	Male RTHPLACE (STATE OR FOREIGN	Black		12	8 06	74	YRS					
19	S+	atesburg, G		٩	WIDOWE		Baltimore city or o		.TH	MD.			
18	Ba	TY OR TOWN OF DEATH ltimore	Marylan	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Aryland General Hospital									
35	13a. S	Md.	OUNTY 1:	ve residence before 3c. CITY OR TOWI		YES X NO (13e STREET ADDRESS 804 Madiso	n Ave.					
ĐO		THER'S NAME	MIDDLE RE	laford		Opheila	WE	Wilke	erson				
90		AS DECEASED EVER IN U.S	GIVE WAR OR DATES!	6b. SOCIAL SECUI		17 INFORMANT	ADDRESS	5150	Balto				
1		no	2	239 30	7000	Bishop Mon	roe Saunde	rs Nati	onal P	Ike			
the event, m		18 CAUSE OF DEATH IERTE PART I. DEATH WAS CA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA! Years									
or other traum		Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost											
y injury	MOLL					NOT RELATED TO THE TERM							
9	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 200 IN CERTIFYING CAUSES OF DEATH? YES NO NO NO						
Hem 18 s	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	TEM 18 PART 1 OR PA	ART 2)				
	MED	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF (AT HOME_STREET	T, FACTORY, OFFICE, FA	RM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUN	NÎY STA	TE			
21 is mo		220 I certify that (I) (this has sow the deceased alive above (I) (we) (did) (did)	ospital) ottenuled the a	deceosed from 19	8/30	d that in (my) (our) opinion o	to 8/30 death occurred on the date	, 19 <u>_81</u> and hour and fro					
ANT. If Hen		270 PHYSICIAN'S NAME (1)	U W	M	m	ATTENDING PHYSICIAN D	MEDICAL STAFF	10	B181				
MPORTAN			Winn, M.	D.		c/o Marylan	d General Ho	spital		-11			
7	23a. B	URIAL, CREMATION, REMOVE BULLA L	7AL 236. DATE 9/5/8			EMETERY OR CREMATORY	23d. LOCATION		S1A	itE .			
	24 16	roy 0. Dyet		berty	Heig	Memorial 125 Par hts Avel SE	P 2 1981 7	RECHAMA Y	an Neuth	qu.			

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Singleton Funeral Home MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

FOR

REGISTRAR

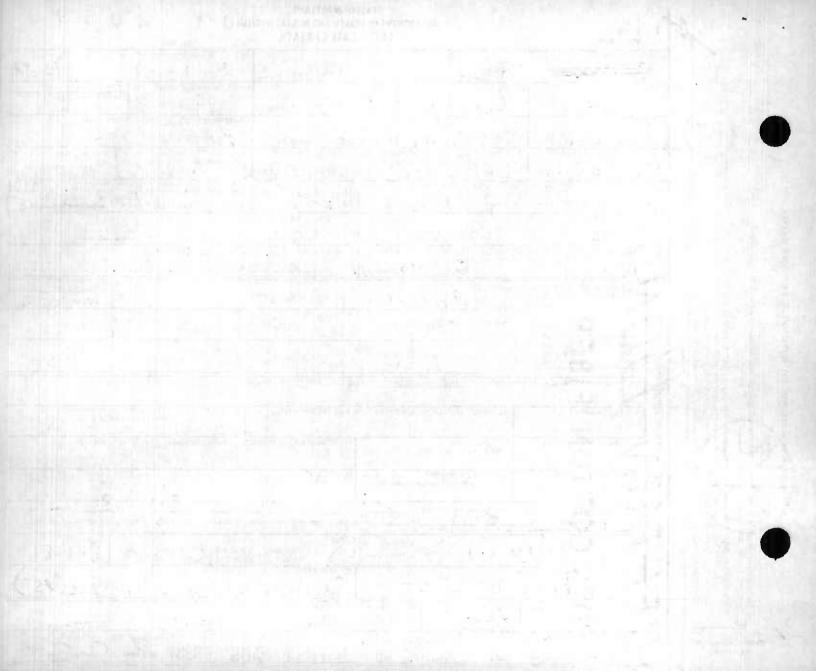
- STATE

(VRA 15 (4))

Grand And The Control of the Control

DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR dea 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR. HOURS. ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED HOSPITAL NURSING HOME OR OTHER INSTITUTION AT HOME DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE REMOTIVE BEFORE ADMISSION)
130 STATE 136 COUNTY 132 COVY OR TOWN ADDRESS BELVEDERE 13d INSIDE CITY LIMITS? NO [4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE GOODSTEIN SCHLEIN MAX RACHEL MR. BERNARD GERBER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES, MO OR UNKNOWN) 8221 STREAMWOOD DR. BALTO., MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: 1 muchicto IMMEDIATE CAUSE 20 TO APRIC STENOS Conditions, if ony, which gave rise to immediate couse (a), stating 1150 DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? à IN CERTIFYING CAUSES OF DEATH? 18 shaws 716 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210. ACCIDENT WAS UNDERLYING MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Her MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION marked ar 21d. INJURY OCCURRED 21s PLACE OF IN IURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from and that in (any) (our) opinion death occurred on the dath and hour and from the causes stated (did) (did) (did not) view the body after death 22b. SIGNATU DEGREE 22c. DATE SIGNED ATTENDING DIRECTO MPORTANT: IF STAFF PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) should b 23c. NAME OF CEMETERY OR CREMATORY LOCATION 230. BURIAL, CREMATION, REMOVAL COUNTY STATE WORKMEN CIRCLE BALTIMORE BURIAL. 24 FUNERAL DIRECTOR SUL LEVINSON 250 DATE REC'D. BY REGISTRAR BROS., DHMH - 16 50M 1/76 (VR A 15 (4)) 6010 REISTERSTOWN RD 198 BALTO.. MD 21215

STATE OF MARYLAND



Kenneth Walley Chestertown.

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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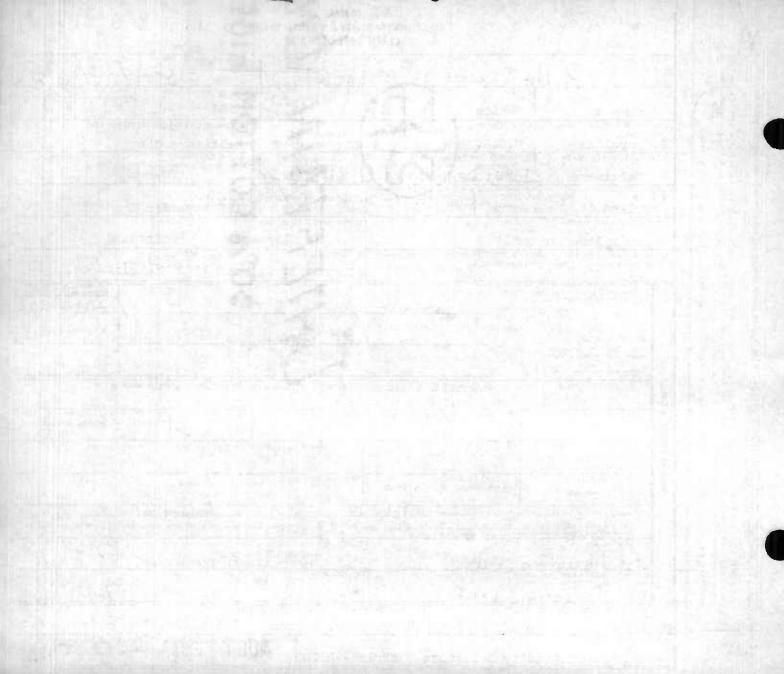
Walter Brooks Bradley Baltimore, Maryland 21222

STATE OF MARYLAND

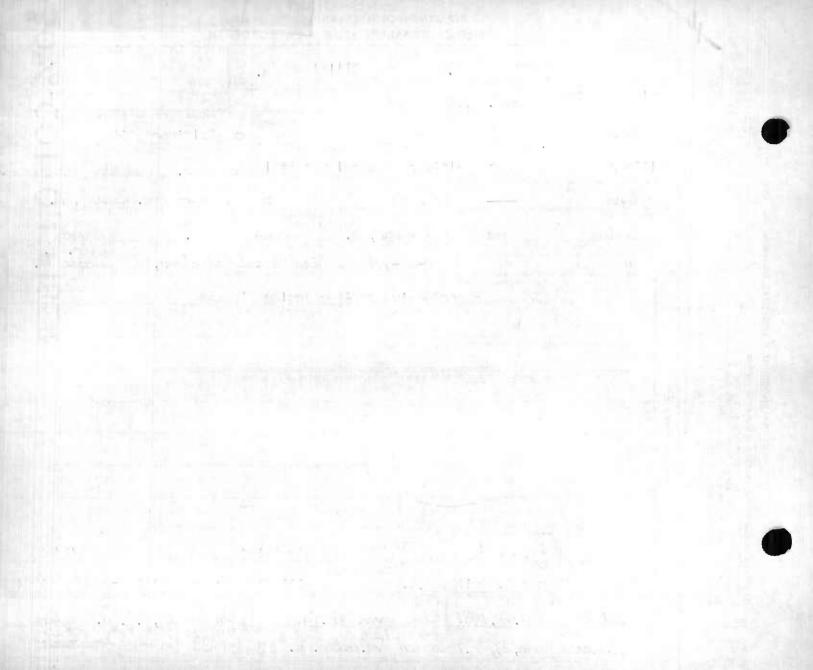
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

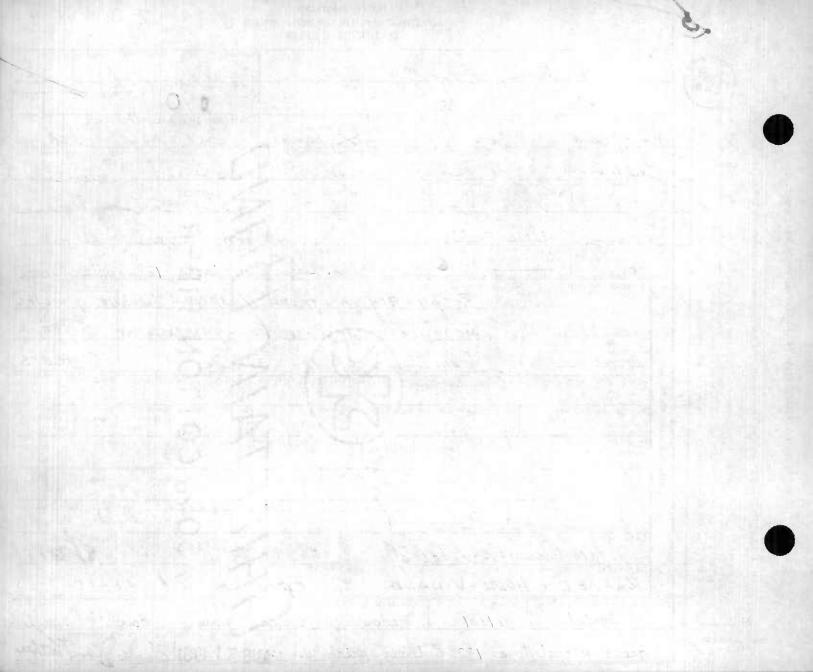
FOR

(VRA 15, 4)



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO I. DECEASED NAME 2a. DATE KNOWN TX LTYPE OR PRINTI ESTI-OF SSARY, PLEASE RAL DIRECTOR. R YOUR FILES. THIN 72 HOURS Kenneth 19 81 Gilleland 8 8 DEATH MATED 3 SEX 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED White Male 81 Sept. 10. 1928 DEAD 19 BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY laruland DIVORCED XX Baltimore WIDOWED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Baltimore Baltimore General Hospital Flectr ice Pres. USUAL RESIDENCE (IF IN NU SING JOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Udenton Paryland Bruce Ave. Odenton. Md. YES [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME O DIVISION OF WITA MIDDLE MIDDLE ames Rausch 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMAN PAGES 1 ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Gilleland, 1607 No hervel CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DI IL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY: MIMMEDIATE CAUSE (a) Hypertensive cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (g) CERTIFICATION USED AS 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ICATE, WRITING THE WORD F FORWARDED TO THE CHI TOR: PAGE 3 SHOULD BE U. I THE STATE DEPARTMENT OF YES KON 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY 214 INJURY OCCURRED (AT HOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE. Y PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PI AFTER DEATH, WITH THE STA BALTMORE, MARYLAND, 2 LX 270 I certify that I took charge of the remains described above, held Autopsy Inspection Inquiry and in my opinion on death resulted fram: Netural causes Homicide Undetermined manner Suicide TITLE (SPECIFY) ACTUAL Chief MEDICAL EXAMINER 8/9/81 SIGNATURE EXAMINER'S NAME Thomas D. Smith. 111 PennStreet, Baltimore, MD. 21201 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23r NAME OF CEMETERY OR CREMATOR 23d LOCATION Glen Haven Mem. Park Durnie, A. A. BP 24. FUNERAL DIRECTOR DHMH - 17 Funeral Home, 237 Patapsco Ave. Balto. Md. (VR A15 ME (5) 15M 2/80





- STATE

TYPE OR PRINTS

1. DECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH YEAR 2h HOUR 18 81 8 UILLUM 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Kitts Lake City Tenn. 225 S. Main APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 4 DAYS 14 DAYS

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [

214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE

, and that in (my) for opinion death accurred on the date and hour and from the causes stated

221 DATE SIGNED

DIRECTOR PHYSICIAN

Removal-Burial Woodlawn Cemetery Aug 22 1981 24 FUNERAL DIRECTOR

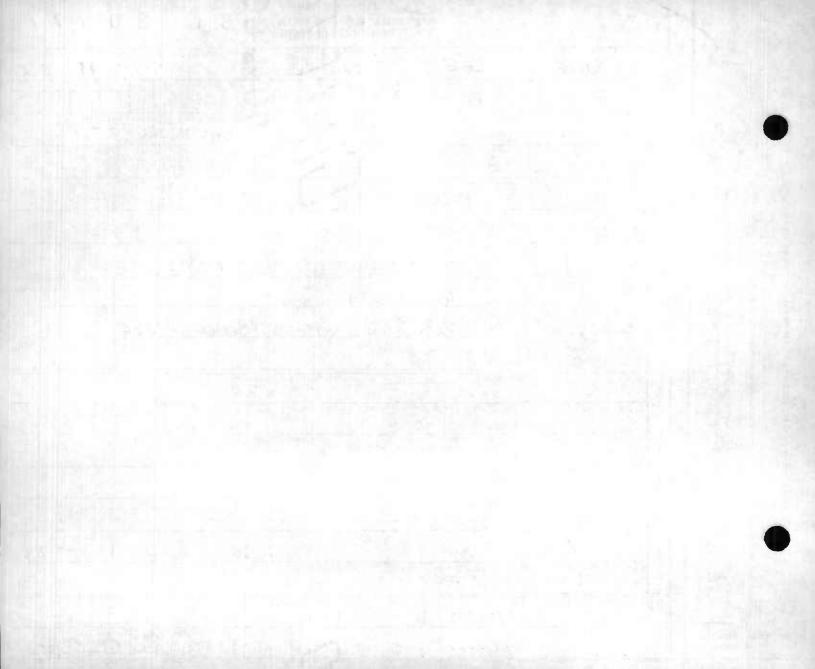
Lafollette Campbell Tenn 250 DATE REC'D. BY REGISTRAR 256 AS GISTRAR'S SIGNATURE

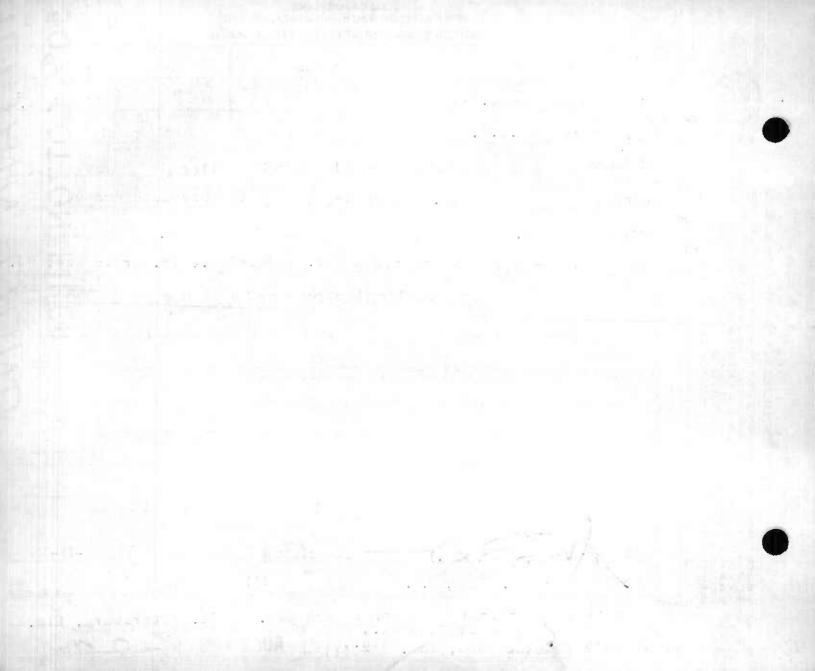
Leonard J. Ruck, Inc. Baltimore, Md.

DHMH - 16 50M 1/B1 (VRA 15, 4)

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	23o. E	BURIAL BURIAL	23b. DATE 8/13/			EMETERY OR CREMATORY R HILL	23d. LOCATION CITY OR TOWN	COUN.	IV.	STATE
1/75	24 FI	UNERAL DIRECTOR NAME WM C MARCH		ADDRESS		25e. DATE	REC'D. BY REGISTRAR	Trans C	SICHATU	ostlen





DEPARTM	STATE OF MARYLAI MENT OF HEALTH AND M CERTIFICATE OF DI	ENTAL HYG	IENE 8	REG. N	10.	2	0	5	9	9	
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	5. DATE OF BIRTH		6. AGE (IN Y	EARS LAST BI	RTHDAY)	- IF	UNDER	LYEAR	IF UNDER	24 HRS	
te	Mar. 14.	1899		82	YR		NIH5	DAYS	HOURS	MIN.	
F WHAT COUNTRY?	MARRIED NEVER M.	ARRIED	9 BALTIMO	RE CITY	OR COU	O YTV	F DEA	TH			
S.A.		ORCED	Baltimore City								
HOSPITAL, NURSING	GHOME OR OTHER INSTITUTE ADDRESS) al Hospital	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife Own Home									
N GIVE RESIDENCE BEFORE	ADMISSION)	V 1 11 1 1 2 2 3									

TYPE OR PRINTS Amanda 4 RACE 3 SEX Whi Female TO BIRTHPLACE INTATE OR FOREIGN 76 CITIZEN C Tennessee 11. NAME O (IF NOT IN S Baltimore Mary 136 COUNTY Md. Baltimore 3200 Abell Ave. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Thomas Moore Elizabeth Anderson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. ADDRESS medical 17 INFORMANT 213-34-0284 Nancy Otterstter no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: Cardio-pulmonary Arrest DUE TO, OR AS A CONSEQUENCE OF Secondary to Myocardial Infarction Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 20s AUTOPSY? NOVY 71m ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION STREET CITY OR LOWN COUNTY (AT HOME STREET FACTORY OFFICE FARM ETC.) WHILE NOT WHILE AT WORK 220.1 certify thank (this haspital) attended the deceased from July August 7. saw the deceased plive on AUGUST, (aur) opinion death accurred on the date and haur and from the causes stated DEGREE ATTENDING MEDICAL MPORTANT: PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS c/o Maryland General Hospital Sheila Rhodes, M. D

DHMH - 16 50M 1/81 (VRA 15, 4)

Burial 11Aug.81 24 FUNERAL DIRECTOR

- STATE > REGISTRAR DECEASED NAME

> Cecil Cemetery Pennington Gap

23c NAME OF CEMETERY OR CREMATORY

Va.

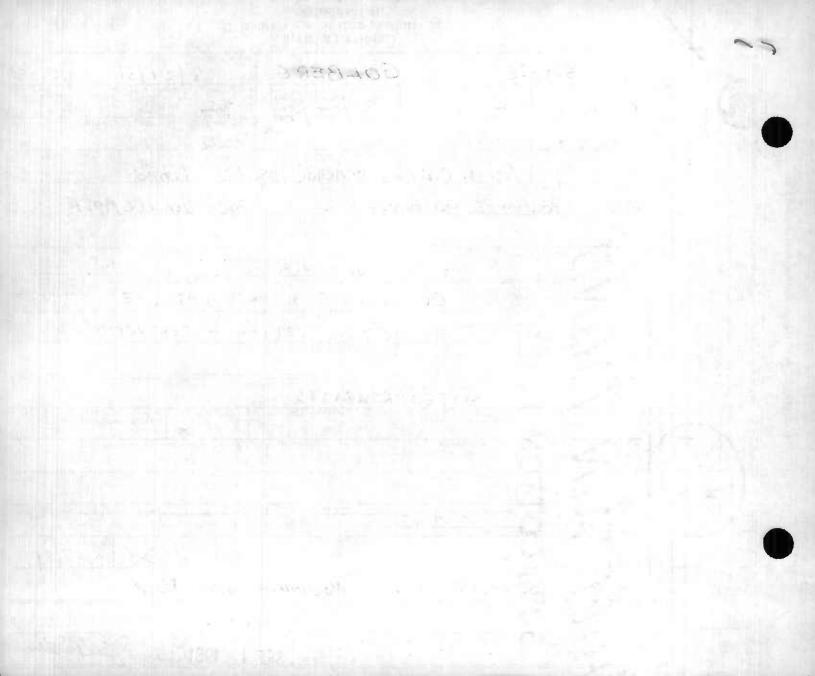
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James S. Kirkley Glen Burnie

The late of the state of the st vail avontains a series a series of the language measured Faltimore of the Maryland Congress Mospital Committee of the Barting Lave Light Cold Line and Lesonal Line Line Line 1812-54-2286 Hamer Onderstoor Securitary to Wodernald Inforcation defined for the control of the second beginning and detarious transfer Lion's first from

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH. 2b HOUR (TYPE OR PRINT) SOPHIE GOLBER G 3. SEX 6 AGE (IN YEARS LAST BIRTHDAY) YE.96 10 HITE EMALE 85 YRS 70 BIRTHPLACE STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH COUNTRY) MARRIED DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY MEN'S CLOTHING 13n. STATE 3d INSIDE CITY LIMITS? 05 Glen Que Apt A m 21215 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME PITTOM YTKOSEAL. GOLBERG DORA 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT DAVID L. C. AGOEBERG (YES, NO OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) XXXXXXX 3208 W. STRATHMORE AVE. NO 18 CAUSE OF DEATH Enter only one cause per line for 19 16, and 10 ESTIVE APPROXIMATE INTERVAL HEART PRESTON ST., DUE TO, OR AS A CONSEQUENCE OF SEPTAL HYPERTROPHY ASYMETRIC Conditions, if ony, which gove rise to immediate cause (o), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause last DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70b. IF YES, WERE FINDINGS LISED 70n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [710 ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 MONTH DAY YEAR HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) ā 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE 220.1 certify that (1) (this hospital) attended the defeased from_ sow the deceased alive on abave. (I) well failed idid not) view the body after death. and that in (my) (our opinion death accurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e. ADDRESS C. CHOUVALIT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) BURIAL 8/28/81 SOC. HEBREW ORTHODOX MEM. BALTIMORE 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. DHMH - 16 50M 1/76 6010 REISTERSTOWN RD. BALTO., MD 21215 1981 (VR A 15 (4))



STATE OF MARYLAND

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AND SOR YORK FOOT DELTO., Mr. 21212 A 1981 BETTER

4 A	11-	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.													
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PY, PLEAS DIRECTOR DUR FILE TZ HOUR IN STREE	3 SE)		5. DAT	5. DATE OF BIRTH MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN: PRONOUNCED								DAY YEAR 24 H21				
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	13e. S	Md.	OWE OR OTHER	INSTITUTION, GIVE RESID 13c. (Ba	ENCE BEFORE ADMISS CITY OR TOWN 1 timor	e e	13d. INSIDE CI	TY LIMITS?	3. STREET AL	Belr:	idge	Rd.				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., HIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUF WRITING THE WORD "PENDING" IN PENCIL IN TIEM 18. ARDED TO THE CHIEF MEDICAL EXAMINER ALONG W AGGE 35 HOULD BE USED AS A BURIAL - TRANSIT PERMIT. ATE DEPARTMENT OF HEALTH AND MENTAL HYGENE, 11201 PRIQR TO BURIAL, CREMATION, OR REMOVAL.	7 100	PART I DEATH WAS CAUSED BY: Multiple injuries											AND DEATH			
F VITAL REGENERS SHOULD IN WORD "FER WORD "FER WORD "FER WISH AND BE USED A SHOULD OF HEAD BURIAL, C.	CERTIFICATION	190. DATE OF OPERATION		196. CONDITION F		RATION	AS PERFORA	MED?					JTOPSY?	NO []		
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DHMH - 17 (VR A15 ME (5)) 15M 2/80	-	uneral director name eorge J. Goi	nce 4	ADDRESS Ba	lto Md	. 21	225	So. DATE RE	G 2 4	981 256. R	Name	GNATU	Vist	in the second		

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STATE OF MARYLAND

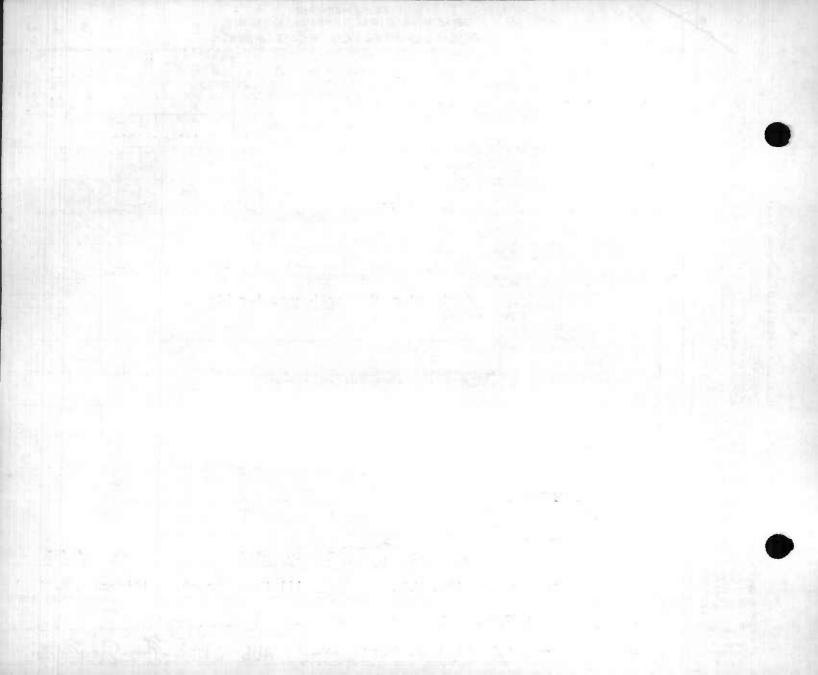
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE OF DEATH MONTH [TYPE OR PRINT] Margaret L. GRAP 4 RACE 5 DATE OF BIG 4 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR FEMALE MONTH DAY YEAR 12 BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MARYLAND U.S.A. WIDOWED DIVORCED. BALTIMERE CITY 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DALTIMORE SAMBE, TAN GOOD HOSPITAL Home maker JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONAL 130 STATE 13b COUNTY 13r. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS MD BALT AVF LASAILE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Schuster FIRST MIDDLE LAST SCHUTZER JOHN Schlere Hattie Ella 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT Baltimore, Md. (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 214-46-8587 4411 LaSalle Ave. 21206 Theodore Grap 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) APPROXIMATE INTERVAL PART I. DEATH WAS CAUSED BY-OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. saw the deceased alive on. and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 226. SIGNATURE DEGREE THE DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OR PRINT) 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Aug 31. 1981 Gardens Of Faith Cem Baltimore, Co., Md. 24 FUNERAL DIR 7110 Belair Road Dippel Funeral Homes, Inc. DHMH - 16 50M 1/81 (VRA 15, 4) Baltimore, Md.

Hartaut L Gray

Dispet Funeral Homes Inc.
Swittmon Md. 1112 T. 1123 T.

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3 SEX 4 RACE MALE BLACK 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? COUNTRY N.C. USA 10. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE BALTIMORE, MARYLAND 2120 130. STATE 136 COUNTY 13c CITY OR TOWN MD BALTO. 14 FATHER'S NAME MIDDLE LAST WILLIAM GRAY 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IYES. NO OR UNKNOWN) HE YES, GIVE WAR OR DATES! NO 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (C Canditians, if any, which gove rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse DIVISION OF VITAL RECORDS, CERTIFICATION 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 00 OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AUGUST 10 220 I certify that (1) (this haspital) attended the deceased fram saw the deceased alive on ACC'S T (1) obove, (1) (we) (did) (did nat) view the body after death 22b. SIGNATOR id b IMPORT shoul 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY)

BURTAL

24. FUNERAL DIRECTOR

DHMH - 16 50M 1/B1 (VRA 15, 4)

- STATE

TYPE OR PRINTS

REGISTRAR

CHARLTE

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 20 DATE OF DEATH MONTH YEAR GRAV AUGUST DATE OF BIRTH MONTH YEAR 11 11 70 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED WIDOWED BALTIMORE CITY NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DISABLED JOHNS HOPKINS HOSPITAL 13e. STREET ADDRESS 13d, INSIDE CITY LIMITS? 2729 E. ASHLAND AVENUE YES X NOF 15 MOTHER'S MAIDEN NAME MIDDLE SMITH ALICE 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 217-68-0966 MARTHA GRAY 5509 Bowley Lane APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH HYPOTENSION HEART FAILURE, POSIBLE SEPSIS 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO F YES [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION COUNTY CITY OF TOWN STATE

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

HOUR A.M. MONTH DAY YEAR

and that in (my) (our) apinian death accurred an the date and have and from the causes stated

DEGREE 220 DATE ATTENDING MEDICAL my PHYSICIAN DIRECTOR PHYSICIAN

230 NAME OF CEMETERY OR CREMATORY

22e ADDRESS

BALTO CEMETERY

23d LOCATION

BALTO

COUNTY

MARCH F/H 1101 E. NORTH AVENUE

MD.

STATE

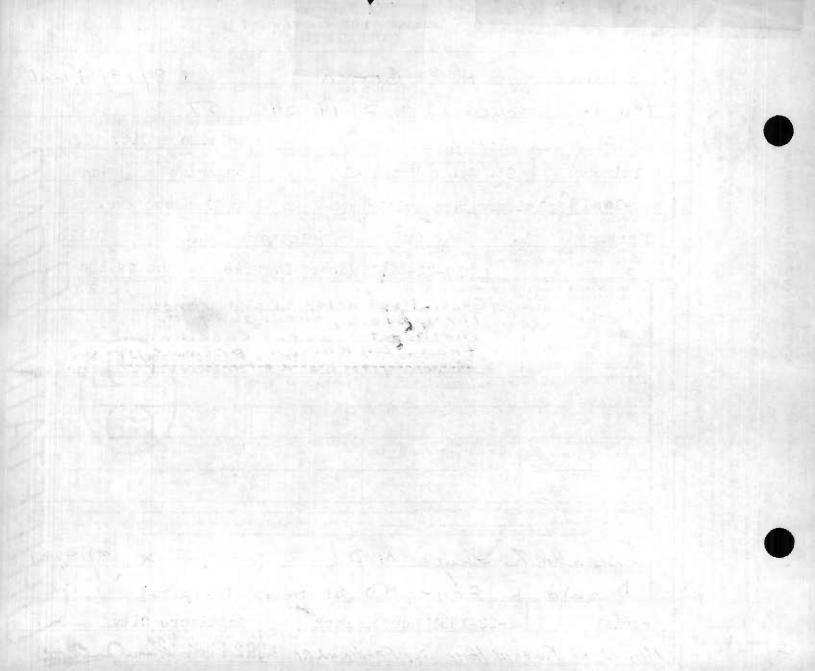
THE COLUMN STREET, STR

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) ENNIE 1981 August 6. AGE (IN YEARS LAST BIRTHDAY) SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Sept. 22, 1894 86 Grav Female BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Balto., Md. Baltimore City. WIDOWED C DIVORCED [ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR Greenleaf HOUSEWITE -INDUSTRY Baltimore Road Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION CITY OR JOWN 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore Md. 5507 Greenleaf Road YES T 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Charles Beck Laura Ladensack 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 100 SOCIATISECARITY NO. Miss Jennie Ann Gray-5507 Greenlea APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) Rd PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CERERRO-VASCULAR DIVISION OF VITAL RECORDS, 301 W. PRESTON ST DUE TO, OR AS A CONSEQUENCE OF CEREBAL THROMBOSIS Conditions, if any, which gove rise to immediate DITEMIE cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. ARTERIOSCEDOTIC CARDO O-VASCULAR PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION CHRONIC TRUCTION DUE 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 18 shows NO YES T NO T 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE May 22s. I certify that led the deceased from and that in (my) (par) opinion death accurred on the date and hour and from the causes stated 27k SIGNAT DEGREE 22c. DATE SIGNED should be deto with the Store IMPORTANT: II PHYSICIAN ! DIRECTOR PHYSICIAN 22e ADDRESS 606 Hammonds Lane DUREZA, MID 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c, NAME OF CEMETERY OR CREMATORY Baltimore, Maryland STATE Woodlawn Cemetery Burial 24. FUNERAL DIRECTOR DHMH-16 60M 1/73 736 Edmondson Ava (VR A 15 (4)) Catonaville Mil. 1815

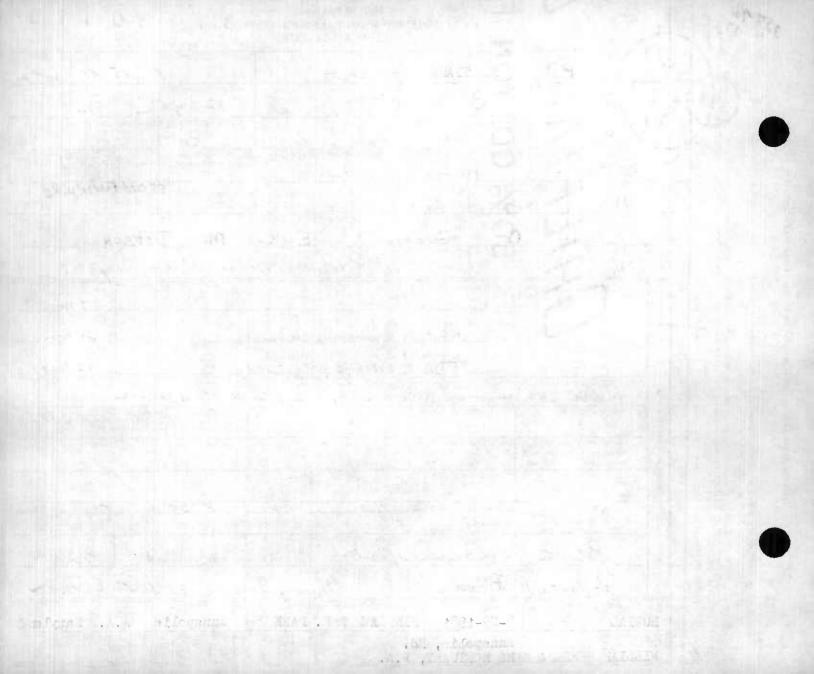
2	1 -	FOR STATE REGISTRAR	DEPA		LTH AND MENTAL HYC ATE OF DEATH	REG. NO.	20503
3 (SM)		CEASED NAME THE LOUISE	e M	GRA	<i>9</i> Y	20. DATE OF DEATH MONTH	11 81 932
oector Po	1. SE)	FEMALE	BLACK	5. DATE OF B	IRTH YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
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equires to signed the ple to burni njury, or	NO	PART 2. OTHER SIGNIFICANT CO		TO DEATH BUT NO	T RELATED TO THE TERM	linal disease or condition	GIVEN IN PART 1(a)
ant. bas bee t permit ene prior ows only	CERTIFICATION	Mu, DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION W	VAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
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STATE OF MARYLAND

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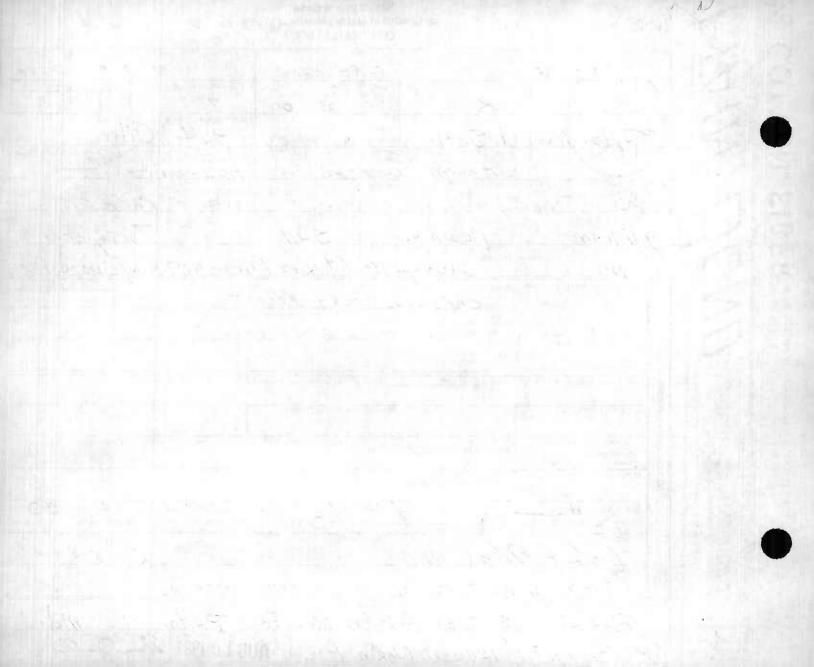
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s, 2 gane bur phy, c	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	G TO DEATH BUT					
The required injury	CERTIFICATION	possible CNS	hemorrhage, f	YDS, poss	ible DIC, p	icssible renal	failure	_	
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		UNERAL DIRECTOR		-		DATE REC'D. BY REGISTRAL		AP'S SIFE THE	
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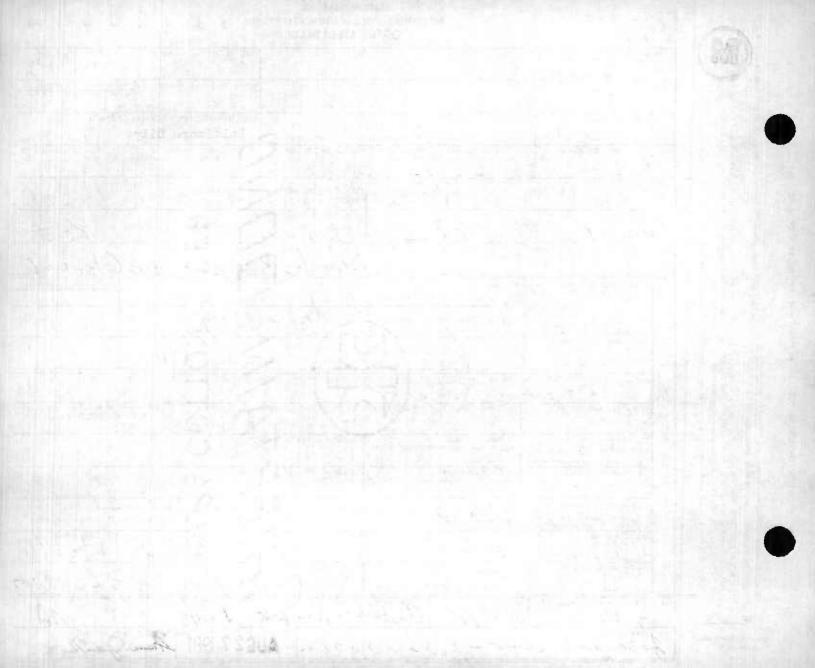
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41	DHMH-16 25M	24	FUNERAL DIRECTOR Duda-	Ruck, Inc.	ss	25a DA	TE REC'D. BY REGISTRAR 256 SIS	TRAR'S SIGNATURE
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A STAN BURNES

6	1 -	FOR . STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	
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e execute n and cor Poges 1	168	VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
be exect on and c		NO	218/44/2930 Charles	CLICUS 4113 Ridgewood Ave
that the death certificate b d by the attending physicion lease remove corbanpapers. Incl. cremation, or removal. or other traumatic event, the		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	FAILURG
equires n signe Then p r to bur	NO	PART 2. OTHER SIGNIFICANT COM	nditions <u>Contributing to Death</u> but not related to the t	TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
he law r non. has bee t permit. iene prion	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
PHYSICIAN: The ending physicion this certificate is buriol-tronsit at buriol-tronsit of the ending hybrid hygies dor item is shown to the ending the end the e		2 to Accident was underlying OR Contributing Cause of Death (IF Either, Notify Medical Examiner)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	CURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
tending the burned or ed or	MEDICAL	21d. INJURY OCCURRED WHILE OCT WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
R ATTENDING hospital or of hospital or of the CTORs Affer and for use os the CTOR feel the CTOR feel to the		220.1 certify that (this hospital) sow the deceased alive on obove, (1) (we) (did) (did not) v	19 21 and that in (my) (our) opin	nion death accurred on the date and hour and from the causes stated
the the control of th		22b. SIGNATURE	Word M. DEGREE ATTENDIN PHYSICIAL	
TO HOSPITAL etoined by the TO FUNERAL should be defined with the State IMPORTANT:		JOHN H.	WE ICEL, MA LUTHERA	AN HOSPITAL
40) BP	(:	BURIAL	236. DATE 236. NAME OF GEMETERY OR CREMATO	PK BAHO, COUNTY MOSTATE
DHMH - 16 50M 1/76 (VR A 15 (4))	24 FL	IME BROWN F/	4. 1206 W. North Ave 250.	AUG 1 0 1981 Rune Jan Marth



			STATE OF MARYLAND	2 1 7
3	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8	0 5 1 3
		CEASED NAME FIRST	REG. NO. MIDDLE LAST 20. DATE OF DEATH MONTH DATE	20. 11001
200		Costi Ro		18/ 130 m
softer.	3. SE	×	4 RACE 5. DATE OF BIRTH MONTH Z S VEAR VEA	UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.
funeral din		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTY O	F DEATH MD.
1 Jeep will	10. C	BAL 7	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
onld be	130. :	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS LEA	Hent Rd
s I and 2 sh	14 F/	ATHER'S NAME FIRST HMUSE	MIDDLE CIUSS 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE	Kent
s. Poges 1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GP	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS CHARLES B-Gross-4113	6/enhout
d by the attending physic lease remove corban pape ial, crematian, ar removal. or ather traumatic event, th	De College	PART I. DEATH WAS CAUSE	DBY: DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF COLOR OF TO CANDING ANNEST 8/11/81	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
injury, o	NOL	Ceres	CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN OF THE TERMINAL DISEASE OR CONDITION GIVEN	
den price	CERTIFICATION	190 DATE OF OPERATION		VERE FINDINGS USED NG CAUSES OF DEATH?
tentol Hygie frem 18 sto		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH DAY YEAR	1 OR PART 2)
Affer this of as the burn of the ord Me marked or the marked or the marked or the ord Me	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE OF INJURY (ATHOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211. LOCATION STREET CITY ORTOWN	COUNTY STATE
or us		sow the deceased alive on	ital) attended the deceased from \$1, 19 \$1, to \$2., 19 It view New York (and the deceased from \$1, 19 \$1, and that in (my) (our) opinion death accurred on the date and hour of	, that (I) (we) last
detached for detached for Dept. of Till frem 2		Of Un A	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	8/22/8/
TO FUNERAL should be detivited by with the State		224 PUSICIAN'S NAME (TYPE OF	A. Covinaron 5813 Loch Roven	BLUD BAT
SP		BURIAL, CREMATION, REMOVAL (SPECIFY)	8/27/81 Cubulis me pk both	OUNTY MATE
H-16 30M 2/80	24. F	UNERAL DIRECTOR	250. DATE REC'D BY REGISTRAR 251 GISTRA	R'S SIGNATURE



1		FOR				DEPART			MARYLAI H AND M		TYGIEN	E 1	-	0	4	I A
9		STATE REGISTRAR							CERTIFIC			2 1	REG. NO	. 0	0	
,		EASED NAME	FIRST			MIDDLE			LAST			20. DATE K	NOWN D		DAY Y	EAR 26. HOUR
SH.			Wil	son		PETE		G	riffir	1		OF DEATH	MATED	8	19 198	31 M
ESTON STREET,	3. SEX		RACE	5. DAT	E OF BIRTH	YEAR	6. AGE (IN		NDER I YR.	IF UNDER	24 HRS.	2c. DATE	ED	MÖNTH	DAY	Zd. HOUR
WESTON OF		le	Black	FE	B. 2	1946	35	YRS.				DEAD		8	19 198	а. м
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X	10. CI	MARY			US of	SPITAL NIL	IRSING HO	WIDO\	WED L	DIVORO		IAL OCCUPA	TION (TYP			MD. F BUSINESS
8		Baltimo		(IF N	Un i ve	rsity	HOSP	ital			FOR A	MPLO	ING LIFE)		OR IND	USTRY
35 310	13a ST	L RESIDENCE (ATE RYLAND	IF IN NURSING HON 13b. COL		NSTITUTION, G	13c. CITY	Y OR TOWN	1	13d. INSIDE C		13e. STRI	EET ADDRES	_			1,346
300		THER'S NAME				J BA	LTIMO	\$1E	YES TO	NO	FN NAME		7.1	I. SC	HRODDE	R ST.
100		WILSON	1	MIDDLE		NT	CHOLS		1	FIRST		MIC	DLE		LAST	
7	16a. W	AS DECEASED	EVER IN U.S. A	ARMED FOI	RCES?		CIAL SECUR	RITY NO.	17. INFOR	MTE			ADDRESS		GRIF	FIN-
/	(11	NO	(IF 1E5, G	IVE WAR OR D	ATES)		?	•	MR	S. MA	MIE C	OINES	90	\$ E.	BIDDL	E STREET
		18 CAUSE OF	DEATH (Enter	only one co	ouse per line	e far (a), (b), ond (c).)								APPROX BETWEEN	MATE INTERVAL
į		PARTIDE		IATE CAUS	E (0)		ral H		ma							
WOV	2	8 8	80		DUE TO, OR	AS A COI	NSEQUENC	E OF								
CREMATION, OR REMOVAL.	_	gave ris	s, if ony, whi	ote /	(b)											
0		lying caus	stating the <u>under</u> e lost.	er-	DUE TO, OR	AS A CO	NSEQUENC	EOF							1 3	
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	Z	TAKE 2 OTHER 310	MITICANT CONGITIO	NS CONTRIBUT	ING TO GENTH	BUT NUT KEE	ALEU IU INE IE	EXMINAL DISEA	SE OK COMOTIO	IN GIVEN IN PA	IKI I (a).					
7	ATIC	19a. DATE OF	OPERATION		19b. CONDI	TION FOR	WHICH OP	ERATION V	WAS PERFOR	RMED?					20 AUTO	PSY?
	TIFIC														YES	ON X
7	CERTIFICATION	21a. EXTERNA		1	HOUR A		DAY YE	AP 21c H	OW INJURY	OCCURRE	D (ENTER)	ATURE OF INJU	RY IN ITEM 18	PART I OR PA		77
2			G CAUSE O		3 P.N	. 8	17 19	81 si	ubject	fell						-53.5
2012	MEDICAL	21d INJURY O			21e PLACE	OF INJURY TORY, FARM, I	(AT HOME,	211. LC	STREET			CITY OR TOW	2	co	YINU	STATE
2	*	AT WORK	AT WORK	X		ouse		9	N. Sc	chroe	der S		1 timo		Maryla	
١		220 certif	that I taok cho	orge of the	remains de	scribed ob	ove, held an	Autor	psy XX	Inspectio	n .	Inquiry		d in my o	pinion	
5/)		deoth resulte	d fram: No	stural couse	s	Accident	X	Suicide	, Home	cide .	Undete	ermined mor	ner .			
AK		ACTILAL	11.		10	0 0				PECIFY)						
j -		ACTUAL SIGNATURE_	Ullic	jenes		John		^	M.D. Assi	stant	MED	CAL EXAMI	NER	DATE SIGNI	8-20)-81
BALLMOKE, MAKKIGAR, Z	1-	EXAMINER'S I	NAME VI	rgini	a L. I	Dolan	, M.D		_ADDRESS_		II P	enn St	reet			
BA	23a. Bl	-	ION, REMOVAI	L 23b. DATE		23c			OR CREMATO		23d. LO	CATION		cou	NTY	
			BURTAL	1 1/2	2/\$1		MT.	AUBUR	N CEME			ALTIMO			M	IARYLAND
7	24 FL	NERAL DIREC			ADDRESS					250. DATE	C 2 4	REGISTRAR	nan		SIGNATURE	
5))		LEWIS	T. GW	YNN	4517	PARK	HEIGH	TS AV	ENUE	110	4 ~ 1	1001	1	7	an /las	Com

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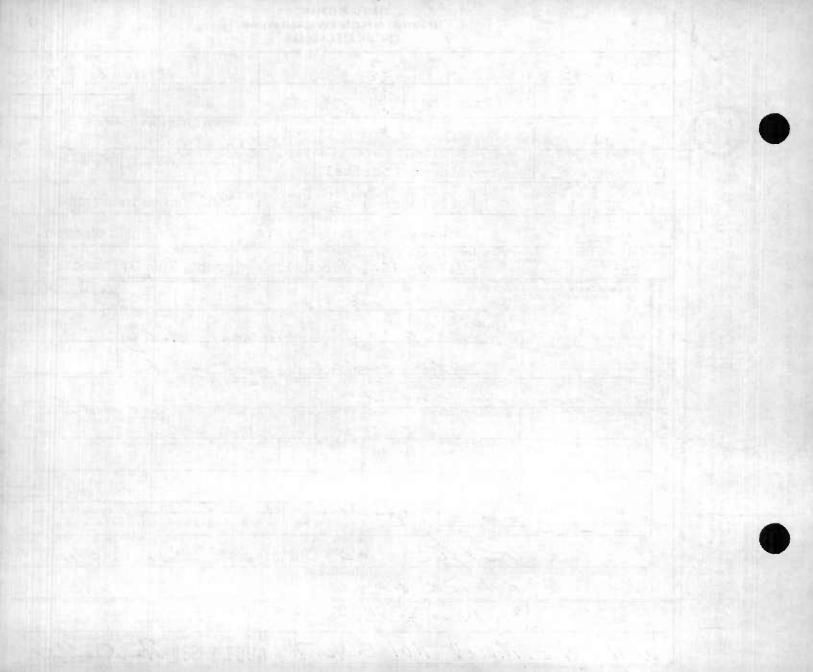
CHATTELLE

FOR

STATE OF MARYLAND

THE STATE OF THE PROPERTY OF THE STATE OF TH THE THE PART OF STREET AND ASSESSED TO THE PARTY OF THE P our little and the come or could have the could THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

	1.	FOR STATE	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG	IENE 8	20	6 6
No.	1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE		AST DEATH	REG. NO		YEAR 26 HOUR
		Leroy	/	G	2200		8 10 8	7201
1	3. SE	Male	Black	5. DATE O		6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER	1 YEAR IF UNDER 24 HRS OAYS HOURS MIN
		RTHPLACE (STATE OR FOREIGN DUNTRY) MD	76 CITIZEN OF WHAT COUN USA	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	BO / fin	COUNTY OF DE	ATH
notified in the same of the sa	10 C	altimone	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Provide	STREET ADDRESS)	R OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		(IND OF BUSINESS O JSTRY
must be	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	INTY 13c CITY OR	BEFORE ADMISSION) TOWN IMORE	13d INSIDE CITY LIMITS? YES NO	3407 Ba	teman A	venue
90	14. F	Thomas	MIDDLE Gro		IS MOTHER'S MAIDENNA Mathile			Heäven
the medical		VAS DECEASED EVER IN U.S. A res, no or unknown) (1F yes, GF Yes	VE WAR OR DATES)	SECURITY NO. 09-154	Jacqueline	e Street 7		uncan
rs ony injury, or other troumatic	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19e DATE OF OPERATION	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING 196 CONDITION FOR W	SEQUENCE OF STO DEATH BUT		INAL DISEASE OR COND 200 AUTOPSY?	20b. IF YES, WERE	
Item 18 shows	MEDICAL CERTII	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [OR CONTRIBUTING [OR EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED		d DAY YEAR	21c HOW INJURY OCCURI	YES NO	YES	NO 🗟
000	MED		(AT HOME, STREET, FACTORY, O	FFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUN	TY STATE
IMPORTANT: If them 21 is marked or It	WED	WHILE AT WORK AT WORK 22a certify that (1) (this hasp saw the deceased alive o	oital) attended the deceased f	rom 7/ 19_8/_, or		to, to	e and hour and fro	, that (I) (wa) la

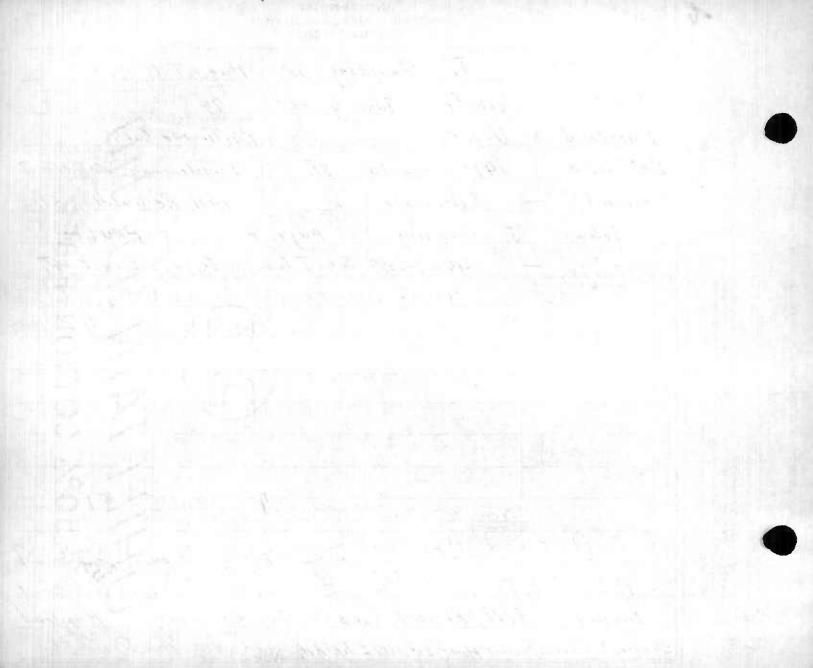


MANUEL MANUEL TOWNSHIP

6/				STATE OF MARYLAND		2 1 6
0	1.	FOR STATE REGISTRAR		OF HEALTH AND MENTAL HYO		0 0 1 0
6		CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
age 3	{TYPE	Louis	GUGLIUZZA		8/17/81	1.451
pag , bag	3. SE		4. RACE 5. D	ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER EYEAR IF UNDER 24 H
director hours of		MACE	WHITE	11 - 07 - 1917	13 yrs YRS.	MONTHS DAYS HOURS M
2 1 gg		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8	ARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	
Den June		aryland	USA WID	DOWED DIVORCED	Baltimore Colly	,
	10 CI	BACTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS GOOD SAMPRITAN	55)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Mechanic	12b. KIND OF BUSINESS INDUSTRY Hydraulics
(M)	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME O TATE MARYLAND	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS		130. STREET ADDRESS 5416 BE LAI	R ROAD
2 sh	14. FA	THER'S NAME		15 MOTHER'S MAIDEN NA	ME	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Salvatore	Gugliuzza	Concetta	Sabatino	LAST
nd co		AS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL SECURITY I	NO. 17. INFORMANT	ADDRESS Bal	timore, Md.
n and come medical		(IF YES, GI	NE WAR OR DATES) 212-10-50	20 Louis C. Gugl	iuzza 5416 Belai	
p physici on paper emoval. event, th		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI IMMEDIA	nly ane cause per line far (a), (b), and (c),) ED BY: ME CAUSE (o) Metastatic	Oat Cell	Carcinoma g	APPROXIMATE INTERVA BETWEEN ONSET AND DE
nding carbi , ar r		1629	DUE TO, OR AS A CONSEQUENCE	OF	Lungo.	
e acom ce nove carb nation, ar i		Conditions, if ony, which gave rise to immediate	(b)		0	
by the		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	OF		
signed hen plea to burial	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERA	AINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
been prior ony is	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES \(\) NO \(\)
- D 9 2 D 2		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
hysincol Hy 18	-	(IF EITHER, NOTIFY MEDICAL EXAMINE	Ain	19		
physici certificate riol-transi entol Hygi	S	The state of the s				
or rensolutions of the sertifical ond Mental Hybrid Strain Strain ond Mental Hybrid Strain St	MEDICAL	21d INJURY OCCURRED WHILE OF NOT WHILE OF WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ET	211. LOCATION STREET	CITY OR TOWN	COUNTY STAT
or o	MEDICA	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ET		CITY OR TOWN	(2)
ol or ol ol or ol	MEDICA	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hosp saw the deceased alive or	(AT HOME, STREET, FACTORY, OFFICE, FARM, ET	STREET STREET . 19 21	to, to	, 19_ <u>\$1</u> , that (I) (we)
ol or ol ol or ol	MEDICA	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hosp saw the deceased alive or	(AT HOME, STREET, FACTORY, OFFICE, FARM, ET	sireet Sireet 19 21 Ond that in (my) (our) opinion DEGREE	deoth occurred an the date and ha	, 19_ <u>\$1</u> , that (I) (we)
he haspitol or oched for use as oched for use as oched for use as obey. Dept. of Heolth	MEDICA	21d INJURY OCCURRED WHITE NOT WHITE 2 22a.1 certify that (1) (this hosp saw the deceased alive ar obove, (1) (we) (did) (did not 22b. SIGNATURE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ET bital) attended the deceased from 19 8 at view the bady after death.	STREET 8 0 7 81 , 19 81 L, and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [, 19, that (I) (we)
ed by the hospitol of the Volume of the Market DIRECTOR: After the Store Dept of Health MRTANT: If them 21 is market the Market them 21 is market the Market them 21 is market the Market them 21 is market them 2	MEDICA	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hosp saw the deceased alive ar obove, (1) (we) (did) (did not constitute that the deceased alive are obove, (1) (we) (did) (did not constitute that the deceased alive are obove, (1) (we) (did) (did not constitute that the deceased alive are obove, (1) (we) (did) (did not constitute that the deceased alive are obove, (1) (we) (did) (did not constitute that the deceased alive are obove, (1) (we) (did) (did not constitute that the deceased alive are obove.	(AT HOME, STREET, FACTORY, OFFICE, FARM, ET bital) attended the deceased from 19 8 at view the bady after death.	L, and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [220 ADDRESS	death occurred an the date and he	our and from the causes stated
4 by the hospitol of the hospitol of the hospitol of the hospitol of hospitol	23o. E	21d INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 22a.1 certify that (I) (this hosp saw the deceased alive ar obove, (I) (we) (did) (did not 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE (TAS NEEIM) URIAL, CREMATION, REMOVAL	(AT HOME, STREET, FACTORY, OFFICE, FARM, ET wital) attended the deceased from 19 8 at view the bady after death.	L, and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [220 ADDRESS	death occurred an the date and had been death occurred and the date and had been death of the date of	19 XL, that (I) (we) sur and from the couses states 22c. DATE SIGNED 8/17/81 4. BALTO, MD 2
ed by the hospitol of the Volume of the Market DIRECTOR: After the Store Dept of Health MRTANT: If them 21 is market the Market them 21 is market the Market them 21 is market the Market them 21 is market them 2	23o. E	21d INJURY OCCURRED WHILE NOT WHILE 2 220.1 certify that (1) (this hosp saw the deceased alive ar obove, (1) (we) (did) (did not 22b. SIGNATURE 7.2d. PHYSICIAN'S NAME (TYPE OF TAS NEELY)	(AT HOME, STREET, FACTORY, OFFICE, FARM, ET strictly) attended the deceased from 19 21 view the body after death. ACLANCE ORPRINT ACLANCE OR	DEGREE ATTENDING PHYSICIAN [220 ADDRESS 18 31, E N	death occurred on the date and had death occurred on the date and had death occurred on the date and had death occurred on the date of the	pur and from the couses stated 222. DATE SIGNED 2/17/81 4. BACTO, MD 2-1

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH John 3. SEX PEARS LAST BIRTHDAY! IF UNDER 24 HRS DAYS YEAR 907 70 BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH (STATE OF FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED 17b. KIND OF BUSINESS OR LISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 7/Timory 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR NIKNOWN) (# YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSTITUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION prior 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be Hygiene NO YES [NO [710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 2 21d. INJURY OCCURRED 71e. PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram saw the deceased alive an 19 and that in (my) (ppinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING_ MEDICAL MPORTANT: DIRECTOR . PHYSICIAN 27d. PHYSICIAN'S NAME INVEORPRINT 22 ADDRESS ld b 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE PEGISTRAR'S SIGNATURE DHMH-16 30M 2/80 Charles L. Stevens Furenal Home Fac. 1501 E. ERTAVE (VRA 15, 4)

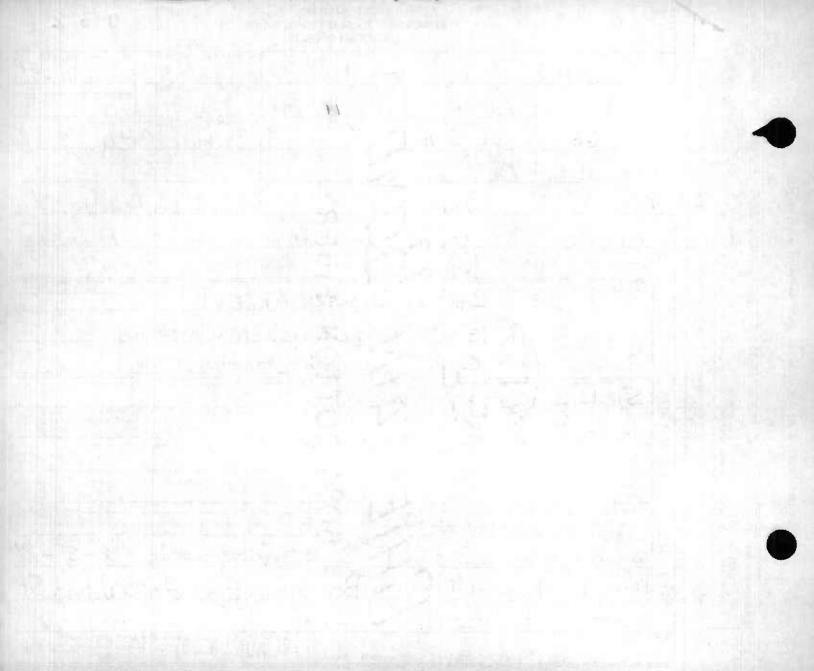


DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE KNOWN COVER CHE PRINCIP ESTI-Glenn Lawrence Jr. DEATH MATED 8 19 81 Guseman 1. SEX 4 RACE DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 81 12:02 male white DEAD 05 24 64 17 7a BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. Maryland WIDOWED | DIVORCED Baltimore City IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
University Hospital OR INDUSTRY FOR MOST OF WORKING LIFE) Baltimore Student N/A USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Baltimore 2042 Grinnalds Ave., 21230 YES TO NO [] 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE ERROY Glenn Sullivan Lawrence Guseman Gloria 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESS 166 SOCIAL SECURITY NO. (YES NO OR LINKNOWN) Nο 216-88-1487 Patricia A. Wright 12 S. Augusta Avenue 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NOX. 710 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1:12 MPM 8/1 19 81 passenger in auto.lost control, fixed object. TO MEDICAL EXAMINER: THIS CERT EXECUTE WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHE DESCHAMINH THE STATE DEPARTER DEATH WITH THE STATE DEPARTEMENT. TIE PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) AT WORK AT WORK NOT WHILE Relay, Balto.Co, MD roadway ClarkBlvdEast of RubyAve. 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection XX Inquiry and in my opinion death resulted fram: Accident XX Hamicide / Suicide Undetermined monner TITLE (SPECIFY) 8/2/81 Assistant DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Hormez R. Guard, M.D. ADDRES 111 Penn Street, Baltimore, MD 21201 (TYPE OR PRINT) 730. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 08-05-81 Loudon Park Baltimore City Maryland 250. DATE REC'D. BY REGISTRAR 250 GISTRAP SIGN TO 24. FUNERAL DIRECTOR **DHMH-17** Hubbard Funeral Home, Inc. 4107 Wilkens Ave. VR A15 ME (5)

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STATE OF MARYLAND

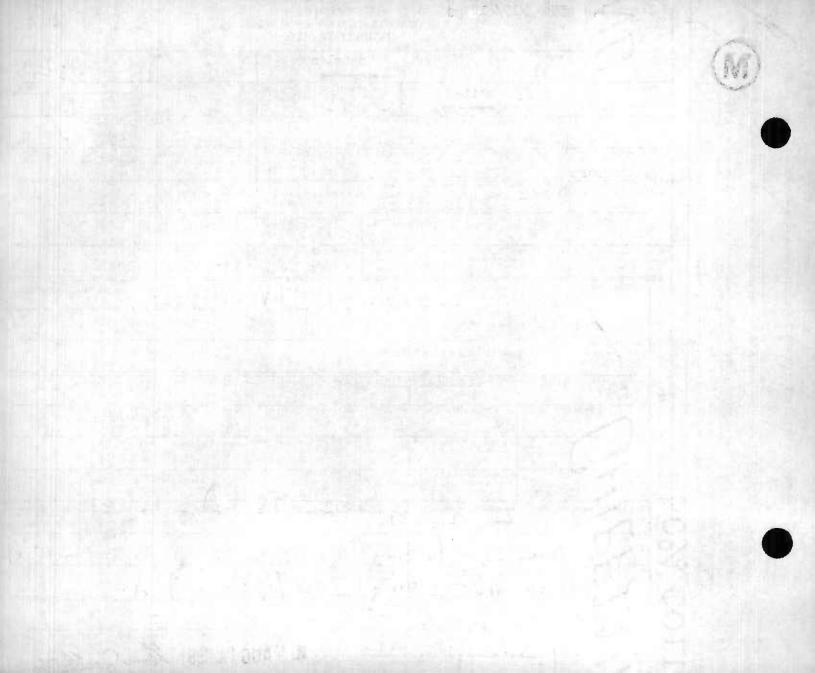
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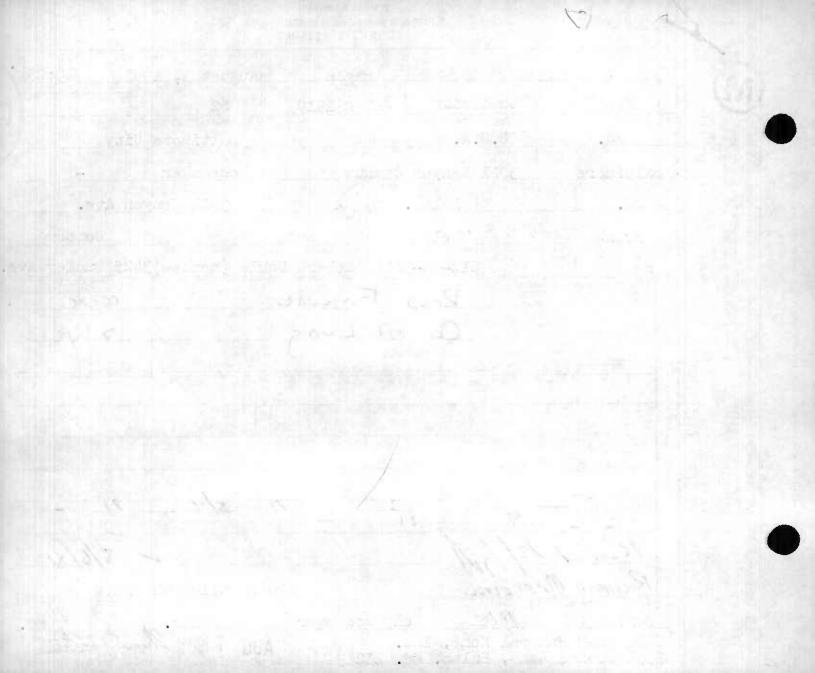
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offer of with full of with]	Baltimore	522]	E. 39th S	t.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	126 KIND OF BUSINESS OR
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill expensioned must be filled.	13a.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COULD MD)		Baltimor	134 INSIDE CITY LIMITS?		19th St.
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201 W. PRESTON ST., es that the death certific ned by the ottending ph please remove carbon pr urial, cremotion, or remo	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	D BY: TE CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE	OF	RMINAL DISEASE OR CONDITIO	
TAL RECO	CERTIFICATION	19a DATE OF OPERATION	a a ferri	ION FOR WHICH OPER	ATION WAS PERFORMED	YES NO	b. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
DIVISION OF VIT	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER. NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE 21d IN JURY ON OT WHILE AT WORK AT WORK 22a.1 certify that (1) (this hosp	HOUR A.M. P.A. 218 PLACE C (AT HOME STRE	A. MONTH DAY A. OF INJURY JET FACTORY, OFFICE FARM, E	19 211 LOCATION	JRRED (ENTER NATURE OF INJURY IN	COUNTY STATE
HOSPITAL OR ATTEND ned by the hospitol or FUNERAL DIRECTOR: And be detoched for use the Stote Dept. of Heo ORTANT: If them 21 is many than the Stote Dept.		sow the deceosed olive on obove, (I) (we) (did) (did no 226. SIGNATURE 274 PHYSIGIAN'S NAME (1725.	t) view the body of	Justin Tos den	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	ond hour and from the couses stated 22c. DATE SIGNED
TO HOSS retained TO FUN should b				1 / 2			



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME George MIDDLE Hafele 20. DATE OF DEATH 2h HOUR (TYPE OR PRINT) poge 3 George 51 6:00 W. 3 SEX 4 RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH MONTHS DAYS HOUR5 Jan. 17, 1901 White IN BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City, Maryland U.S.A. WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Self=employed Baltimore Baltimore City Hospital Hishing Parties BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3g. STATE 13b COUNTY 13c CITY OR TOWN HI34 INSIDE CITY LIMITS? 13e STREET ADDRESS P **Baltimore** 8 North Rose Street Maryland YES X 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Mitchell William Hafele, Sr. Frances Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-05-9660 Towson, Maryland WW II Anaa R. Brunsman Yes APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., CARDIOVALOULAR - RESPIRATORY FAILURE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which Adenocarcinoma gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 1 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? per Mento! Hygiene NO [YES riol-transit 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from 20 saw the deceased alive an. and that in (my) (our) opinian death accurred an the date and hour and from the couses stated above, (I) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL 18/8 MPORTANT PHYSICIAN DIRECTOR PHYSICIAN M 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS ld b Purns, M.D. Howard Baltimore City Hospital Baltimore, Md. 23g BURIAL CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Loudon Park Cemetery Baltimore, Maryland Aug. 21, 1981 Buria1 24. FUNERAL DIRECTOR BY REGISTRAR THE REGIST CAR'S SIGNATURE ADDRESS 1050 York Road DHMH - 16 50M 1/76 (VR A 15 (4)) Ruck Towson Funeral Home, Inc. Towson, Md. 21204

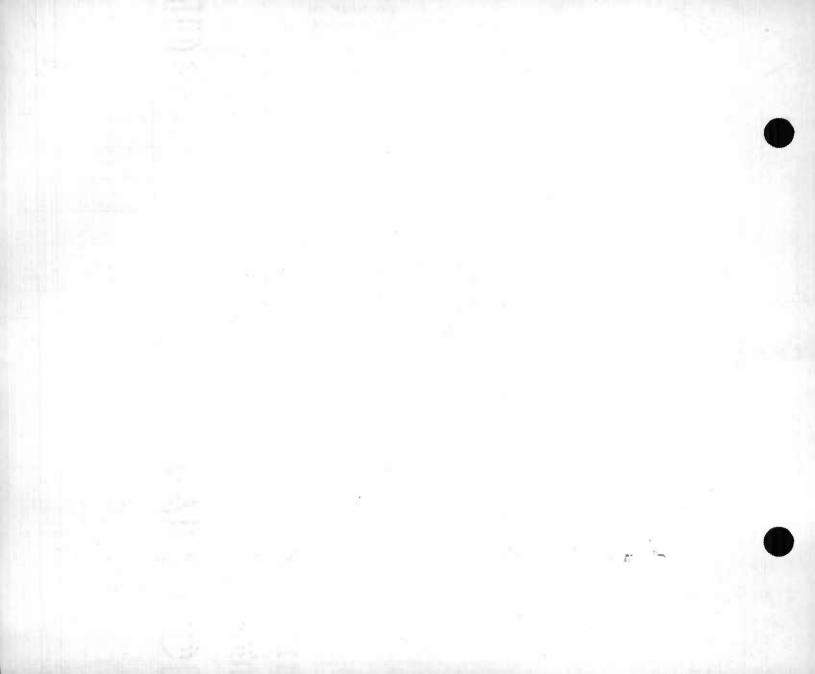
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F 2 F 5 7 3	23a.	BURIAL, CREMATION,	REMOVAL	236 DATE		23c NAME	OF CEMETER	RY OR CREMATORY	23d LOCATIO	N OWN	COUNTY	STATE		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	requires that the death certificate been signed by the ottending physicia. I Then please remove carbon papers or to burial, cremation, or removal. y injury, or other traumatic event, the	TION	Conditions, if ony, which gove rise to immediate couse to, stating the underlying couse lost PART 2 OTHER SIGNIFICANT Dispose	DUE TO, OR A DUE TO, OR A DUE TO, OR A (c) CONDITIONS CON CS HDP		NCE OF									
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•	itfal Or ATTENDING. by the hospital or oth the RRAL DIRECTOR After RRAL DIRECTOR After State Dept. of Heolih or NT: If them 21 is marke	MED	21d INJURY OCCURRED WHILE NOT WHILE ALWORK 27a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did) 27b SIGNATURE The Physican S. MAME (TYPE)	pital) attended the son of view the body of Schein	deceased from_	ARM, ETC.)	IL LOCATION STREET , 19 That in (my) (aur) opini GREE ATTENDING PHYSICIAN 20 ADDRESS	on death occurred on the	195 ne date and hour an	d from the co					
1511	TO HOSPI TO FUNE should be with the S		BURIAL, CREMATION, REMOVA SPECIFY BURIAL	230. DATE 8-26-	23c N	IAME OF CEM	ETERY OR CREMATOR Mem P	X 236 LOCATION K. RAND	AllsTOWN	YTAI	STATE Md.				
	DHMH-16 20M (VRA 15, 4) 7/78	1	UNERAL DIRECTOR NAME AMES A. MORTO	on & Sons	ADDRESS - 1701	LAUR	ENS	AUG 2 4 198	and the second	O	(E				



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME KNOWN LTYPE CAPMING ESTI-Isadore Hall 10 10 81 DEATH MATED 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. 2d. HOUR IF UNDER 24 HRS 2c. DATE PRONOUNCED black DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Baltimore City DIVORCED IL NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS ACILITY, GIVE STREET ADDRESS)

Darley Avenue Baltimore 13e STREET ADDRES + 13d INSIDE CITY LIMITS? ADDRESS CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) Arteriosclerotic cardiovascular disease PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. 19st DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 71a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion Homicide ____ death resulted from: Natural earses Undetermined monner TITLE (SPECIFY) 8/11/81 DATE Assistant 111 PennStreet, Balto., MD 21201 Hormez R. Guard, M.D. TER. TYPE OF PRINT FUNERALDIREC' **DHMH-17**

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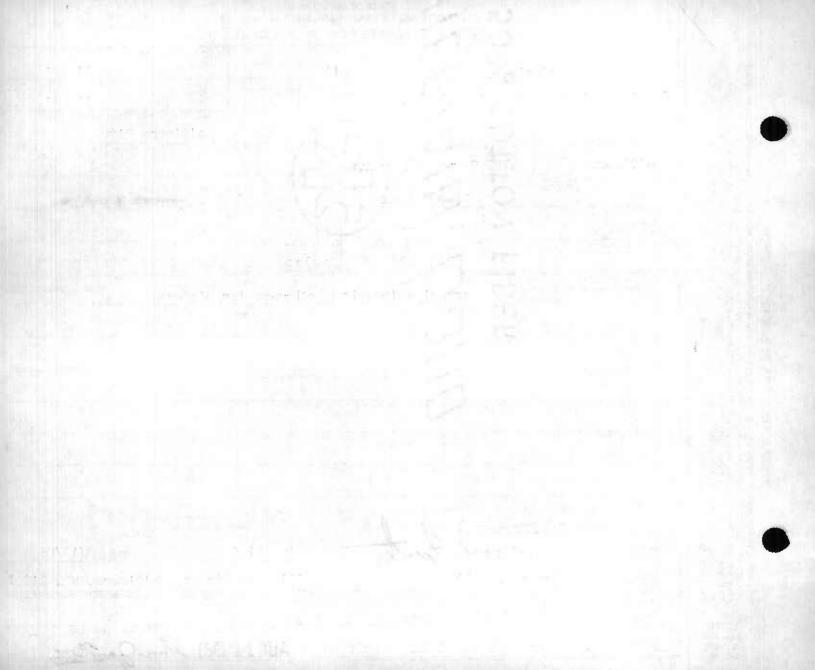
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133	130.	MD. BAI	OR OTHER INSTITUTION, GIVE RESIDENCE JNTY 134. CITY OR TOWN	TOWN 138 INSIDE CITY LIMITS		RIDGE CT.
4 4	14_F	ATHER'S NAME		15 MOTHER'S MAIDEN	NAME	
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1	16n \	WAS DECEASED EVER IN U.S. A		SECURITY NO. 17. INFORMANT	ADDRES	
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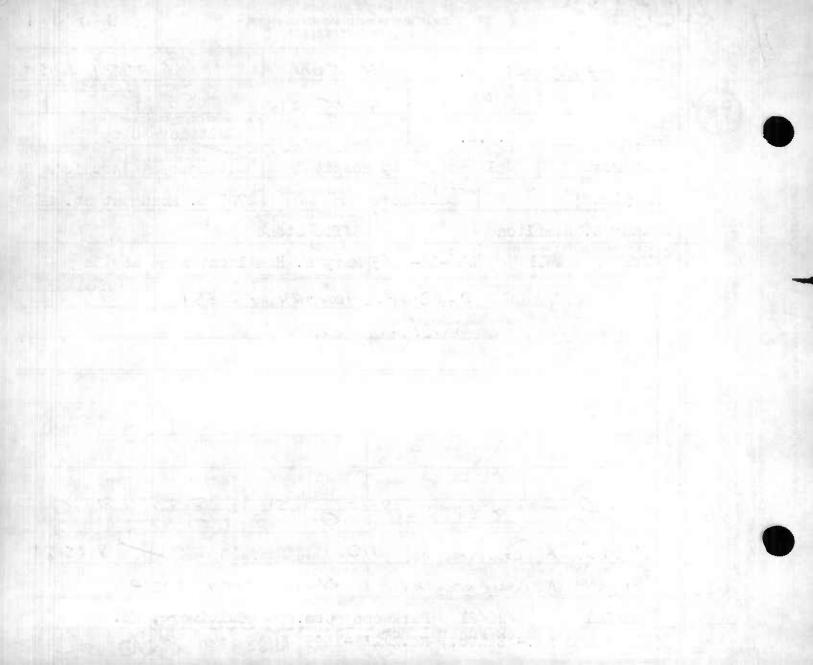
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HAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NRD. "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE FILE MEDICAL EXAMINER ALONG WITH FORM PM 3. FRETAIN PAGE 5 USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. OF HEALTH AND MENTAL HYGIENE, DIVISION OF XITAL RECORDS, 201 W. URIAL, CREMATION, OR REMOVAL.	No	Conditions, If any, which gave rise to immediate cause (a) stating the under-lying cause lost. DUE TO, OR AS A CONSEQUENCE OF																
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TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE & SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120	23a.B)	22a I certification of the second of the sec	y that I took charged from: Note	ge of the remains des vrokçouses X, Mas D. Smi	Accident th,	met	Autop DicideM METERY O	Homici TITLE (SF Dept Dept	recury) uty Chi	Undetermine	xaminer	D. SI	nore,	51	21201 ATE			
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

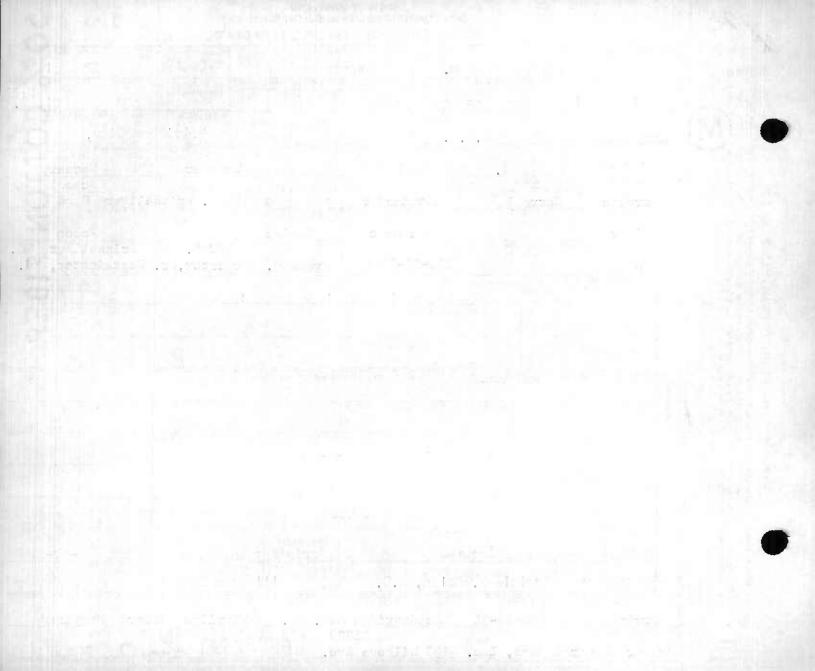
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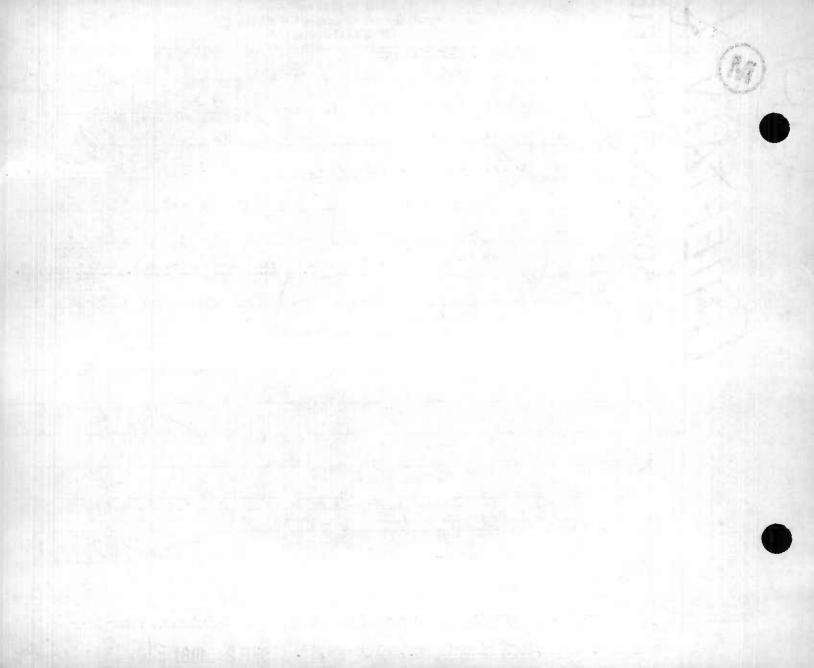


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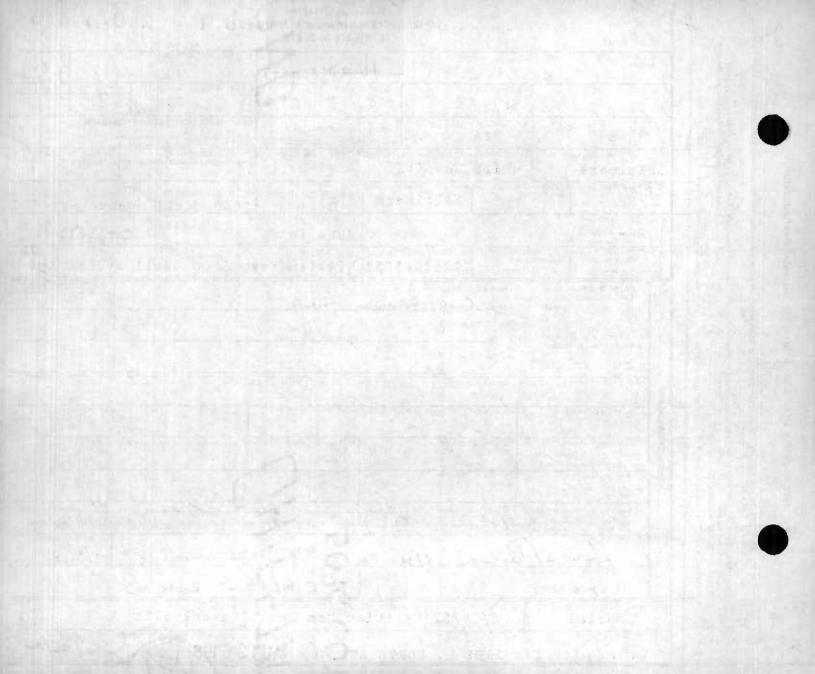
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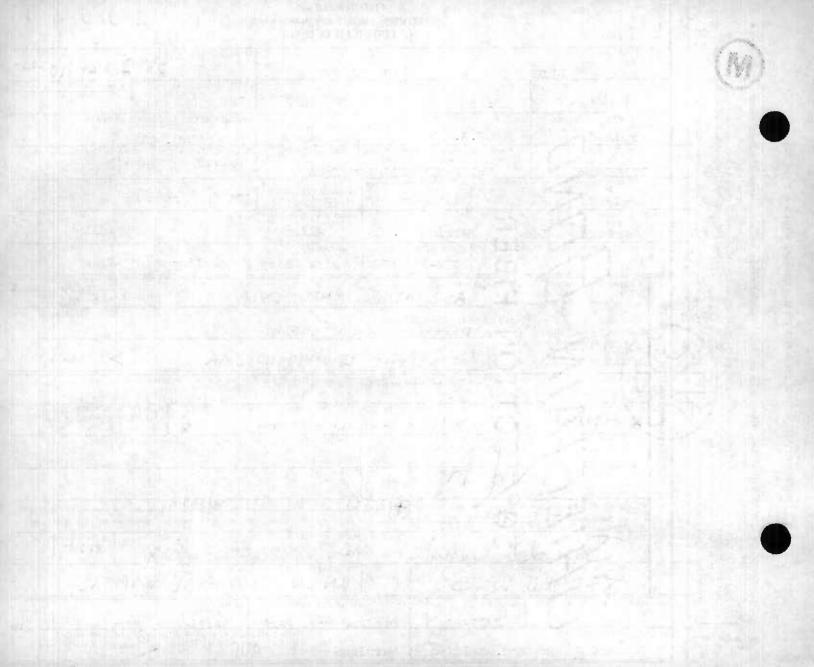


W.C. MARCH F/H 1101 E. NORTH AVE.



BALTIMORE.

DIVISION OF VITAL RECORDS, 201 W. PRESTON



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FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3

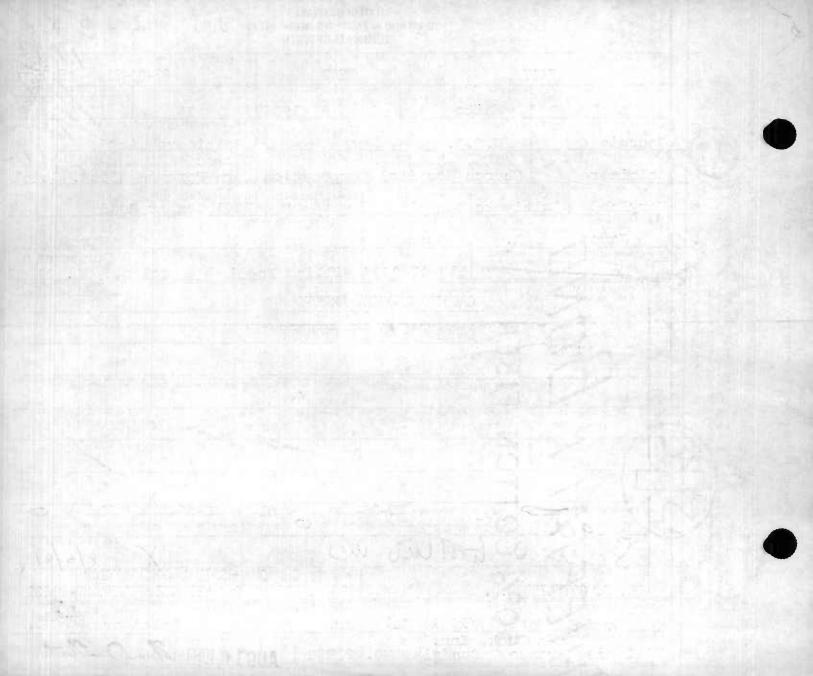
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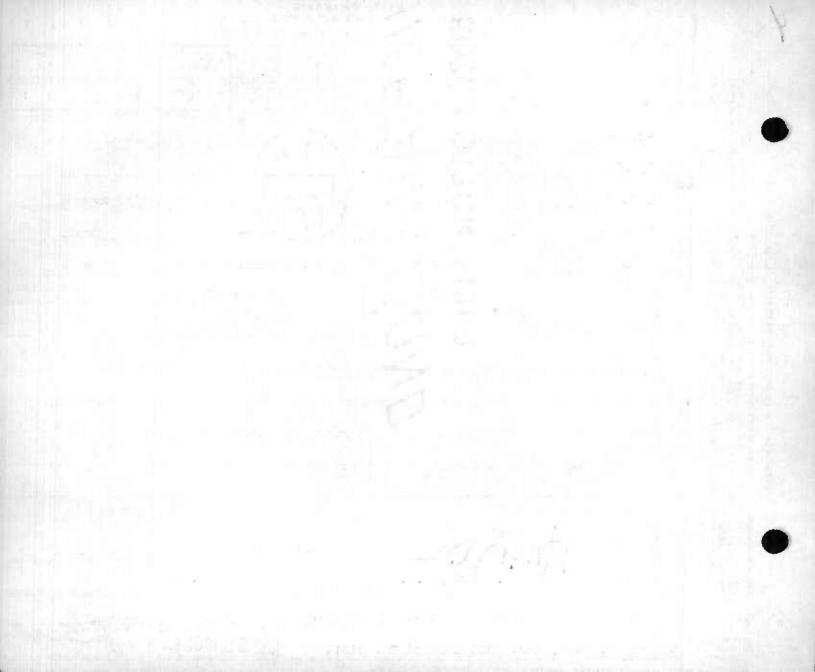
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FOR - STATE REGISTRAR DECEASED NAME (TYPE OR PRINT)

Female BIRTHPLACE (STATE OR FOREN Maryland 10 CITY OR TOWN OF DEATH

Baltimore

MSUAL RESIDENCE IN NUMBERS PORTE Maryland A FATHER'S NAME

William His WAS DECEASED EVER IN L NO NO DE UNENCHEN

IN DATE OF OPERATED

TIB. ACCIDENT WAS UNDERLY DECONTRIBUTING CAUSE

LE BOYER, HOTEY HED CALD 214. INJURY OCCURRED SHORT DAY NOT NOW 22s.t certify that [1] [the

Dr. William 22s BURIAL CREMATION, REM

CERTIFICATION

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(VRA 15, 4)

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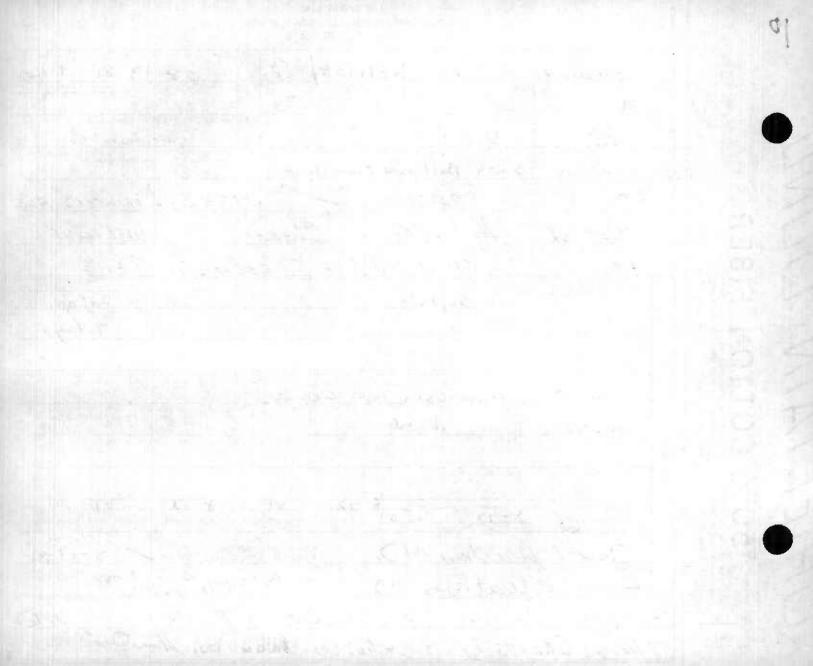
FOR STATE REGISTRAR			DEPARTA	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	2 0	0 4 5
EASED NAME	FIRST		WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUDS
	EVE	ELYN	M.	HE	LFRICH	August 1	6, 1981	1de PM
Female		4 RACE Wh	ite	5. DATE O	C 18 1906	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER	PAYS HOURS MIN.
THPLACE (STATEORF		U:	WHAT COUNTRY?	WIDOW		Baltimore City of Baltimo		MD.
ortown of DEA Baltimore	altimore 5010			oor F	or other institution Road	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Homemal	OF WORKING LIFE) INDL	KIND OF BUSINESS OR USTRY Own Home
aryland	HIS HOME ON	OTHER HISTINGHOM	Baltime	19	114 INSIDE CITY LIMITS? YES X NO	5010 Bro	padmoor	Road
HER'S NAME		мори	SAD		15 MOTHER'S MAIDEN NAM	ME HEDD		inst
William		J.	McBride		Daisy /) c.		fevre
NO DECEASED EVER		MED FORCES	215 30 2		Patricia B	wen,	, Balto.	, Md.
gave vise to imm count tot. stabin underlying couse PART 2 OTHER SIGN N. DATE OF OPERAN	lost:	Typ	P AS A CONSEQUE DNTHEUTING TO TION FOR WHICH	LATH BUT	HOJ HELATED TOKHE TERM	INAL DISEASE OF CON	Total IF YES, WERE	
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20.1 certify that (1) so-y the decease above, (1) Da. Stendard Turk	the hospe	Jake	after thath	/	nd that in (my) are opinion of		1224	that (I) the last of the control of
Dr. Willi			rich, M	. D.	22 ADDRESS	nd Avenue		117/8/ o. Md.
RIAL CREMATION, I		THE RESERVE AND ADDRESS OF THE PARTY.			EMETERY OF CREMATORY	734 LOCATION	7.100/0000	
Burial		8/19	/81 Ne	ew C	athedral	Balto.,	COUNTY	Md.
IERAL DIRECTOR	enry	W. Je				E REC'D. BY REGISTRAR	25 SEGISTRAR'S SI	IGNATURE

Burial 24 FUNERAL DIRECTOR Her 4905 York Road Balto., Md. 21212

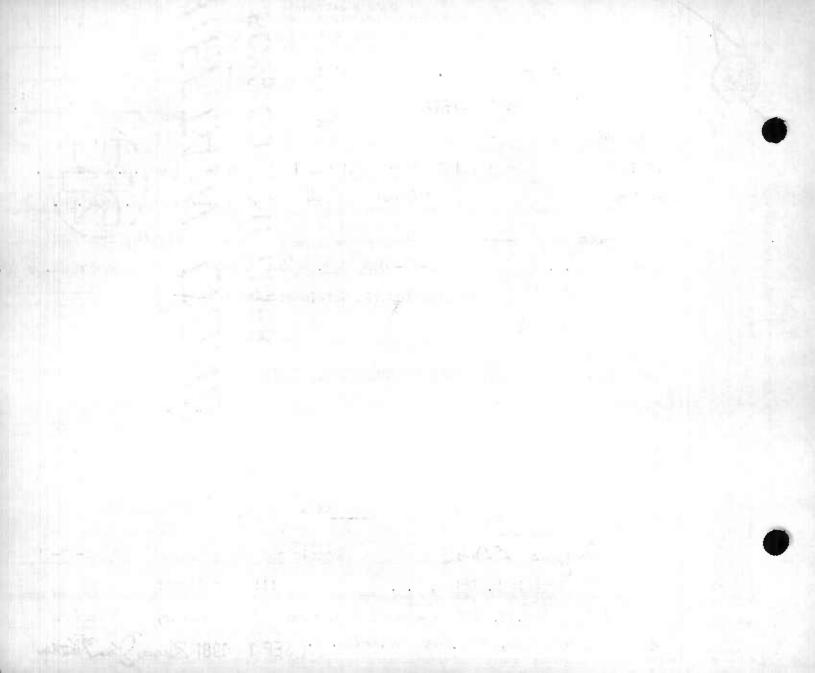
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BELLET OF SURVEY TEST 5010 Broadmoon Foat Homemaken Swn Home Baltimore x 5010 Broadmoor Food William J. Underide | Dalsy L/ C. Lamvee 215 10 2287 Ent 1 Bowen, ____ Balto., WEL Dr. William G. Helfridh, M. D. . 6006 Roland Avenuara Balto, Julya. Burial 19/81 New Cathedral Balto., 类 Henry W. Jenkins E. Sons Co. ASOB NORK ROLD BALLO. W. M. MISTALL

NO	1.	FOR STATE REGISTRAR		DEPAR		CATE OF DEATH		2. s. no.	00	4 6
	I. DE	CEASED NAME F	FIRST	MIDDLE		ST	. 20. DATE OF DEAT		AY YEAR 2h h	HOUR
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OH AND	3. SE	Edwar	4 RACE	1	5. DATE O		6. AGE (IN YEARS LAS	8 13		NDER 24 HRS
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4 10 0		RTHPLACE (STATE OF FORE	FIGN 76. CITIZEN	OF WHAT COUNTRY	? 8. MARRIED	NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
deoth. Poge		MD.		1. D. H.	WIDOWE		_ 1	BALTIMO	ORE CITY	MD.
The feet	10. C	TY OR TOWN OF DEATH	I III. NAME (OF HOSPITAL, NURS I SUCH FACILITY, GIVE STRE	ING HOME O	OTHER INSTITUTION	17a USUAL OCCUI		17b. KIND OF BUS	SINESS OR
rs o rs o		ACTIMORE CIT	y Sout	th Balti	more C	en Hosp	Non		I TOOSTK!	
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rely 2 sh	14. F/	THER'S NAME		1/ /	10.	15. MOTHER'S MAIDEN				1
MAR dange		Ma LTE	MIDDLE	4-Lins	Ki	CLA	O A MIDDI	11)	PLINS.	Pi
+ 0		VAS DECEASED EVER IN			CURITY NO.	17. INFORMANT	AD	DRESS	0-211-0	
MORE, e execu	1	(ES, NO ORUNKNOWN)	IF YES, GIVE WAR OR DATE:	216-10	-3011	EVA C.	Il w/in ie	1: 5	AME	
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mysicot poop ovo ovo		PART I. DEATH WAS	CAUSED BY:	per line far (a), (b), o	ind (c)				BETWEEN ONSET	AND DEATH
ng p bong p	7.6	1101 5 IM.	MEDIATE CAUSE (a)	seps	5				Ldays	
To the condition of the	7	7860		ON AS A CONSEO					4-10.	
dec dec		Conditions, if any, w gave rise to immed	hich (1b)	Pneu	monia				law	12
by the see remote the contract of the remote		couse (o), stating	the DUE TO	, OR AS A CONSEO	UENCE OF					
there there are a borot or		underlying cause	lost. (c)							
S, 2	-	PART 2. OTHER SIGNIFI	CANT CONDITIONS	CONTRIBUTING TO	DEATH BUT I	OT RELATED TO THE	TERMINAL DISEASE OR C	ONDITION GIVE	N IN PART To	3.00
	CERTIFICATION	CVI	1, 14	Y perOSV	nolar	- Como	٦.			
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SICIA ng ph certifi oriol-tr tentol	¥	OR CONTRIBUTING CAUS	SE OF DEATH	P.M.	19					
NG PHYSICIAN: otherding physic fiter this certificat os the buriol-trons th and Mental Hyg orked or frem 18 s1	MEDICAL	21d. INJURY OCCURRED	21e. PLA	CE OF INJURY		21f. LOCATION				
DIVISI DING P DING P After th e os the alth and marked	Z	WHILE NOT WHILE	(AT HOME	STREET, FACTORY, OFFICE	, FARM, ETC)	STREET	CITY C	RTOWN	COUNTY	STATE
		22a.1 certify that (I) (thi	is hospital) attended	the deceased from	8	-12 10 5	21 10 8-	13	81 that ((I) (we) lost
ATTEND ospital a sector. A for use to of the use m 21 is m		saw the deceased abave (1) () ve) (did			8 (one	that in (my) (aur) api	nion deoth occurred on th	e date and haur	, man	
R ATTER hospite RECTOR red for ipt. of H		22b. SIGNATURE	(did not) view the bo	ady after death.		EGREE			22c. DATE SIGN	
0 0 0 0 0	-	Carel	1111	11.	17	ATTENDIN		TAFF		
PITAL by th EERAL Serve detoo		22d PHYSICIAN'S NAME	L Was	mus "	10,	PHYSICIA 22e ADDRESS	N DIRECTOR PH	SICIAN	8-13	81
HOSPI hined be build be wild be		220. PHYSICIAINS INAME	E (TYPE OK PRINT)	1.1.	ho		Baltimore 6	Ben H	osp	
TO HOSPITAL retoined by the TO FUNERAL should be deto with the State IMPORTANT: I		carol	Ewa	TITINS	nD	30471	Baltie	none, And	- /	
n19/5	23a. 6	URIAL, CREMATION, REA	MOVAL 236. DATE	230	NAME OF CE	METERY OR CREMATO	THE PRICE		COUNTY	train
BP	3	ORIAL	18-1	7-8/	51.51	9NISLAUS	DUL	10.		MD.
DHMH-16 30M 2/80	24 FI	INERAL DIRECTOR	~v	T // ADDRESS	2 - 1	259	DATE REC'D. BY REGISTE	AR 215 REGISTR	AR SIGNALIORE	~
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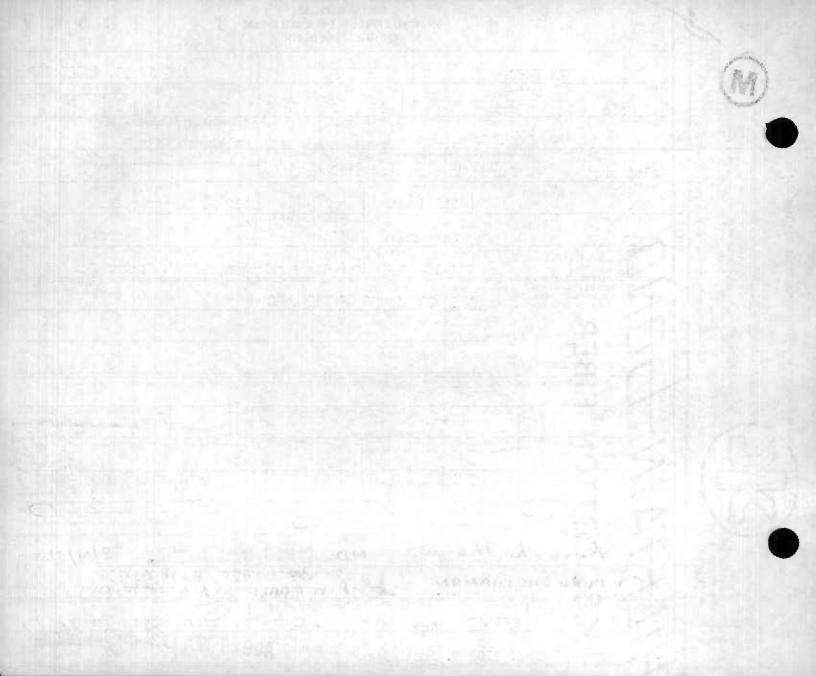
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- STA	GISTRAR		MED	ICAL EXAMI	NER'S	ERTIFICA	TE OF DE	ATH	REG. NO.	0 0	
1. DECEA		Walter		MIDDLE	116	LAST		20. DATE KNO	-		2b. HOUR
3. SEX	4. RACE	5. DA	ATE OF BIRTH	6. AGE (IN)	EARS IF UN		UNDER 24 HRS	S. 20. DATE	MONT	H DAY YEAR	24 HOUR 5:45
FOREIG	Whi PLACE (STATE OR N COUNTRY) TWI and	11:1	ITIZEN OF WH	1920 61 AT COUNTRY?		EDXX NEVER			_	26 1981 INTY OF DEATH	р.м
10. CITY	or town of DEAT	- 11	AME OF HOSP	ITAL, NURSING HOA		ER INSTITUTIO	FO	SUAL OCCUPATION MOST OF WORKING	LIFE)	OR INDUS	MD. BUSINESS JRY
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14. FATH	ER'S NAME FIRST	MIDD	DLE	Helmick			MAIDEN NAM	AE MIDDLE		LAST	
160. WAS	DECEASED EVER IN	V.S. ARMED F		166. SOCIAL SECURI 212-14-90		17. INFORMAN		lelmick, 1	DORESS	tansca St	Balta
18	CAUSE OF DEATH PART I DEATH WA	(Enter only one S CAUSED BY:	Art				-			APPROXIMA	TE INTERVAL
1 /	Candifians, if an		03E (0)	AS A CONSEQUENCE			0.00				
	gave rise to in cause (a) stating the lying cause last.		(b) DUE TO, OR A	as a consequence	OF						
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ZIG	EXTERNAL CAUSE	R		MUURY MONTH DAY YEA	R 21c. H	OW INJURY OC	CURRED (ENTE	ER NATURE OF INJURY II	N ITEM 18 PART 1 OF		
¥ w	HILE NOT W	HILE	21e PLACE O			CATION		CITY OR TOWN		COUNTY	STATE
	22a I certify that I to	aak charge of th	(A)	ribed abave, held an	Autap	sy XX, In-	spection ,	Inquiry	, and in my	opinian	
AC	TUAL CONSTURE UNA	sma	Loca	2	M	TITLE (SPEC	(IFY)	EDICAL EXAMINE	DA	IE 8-27-	81
EX (T)	AMINER'S NAME (PE OR PRINT)	<i>(</i>) Virgini	a L. Do	lan, M.D.	<u> </u>	ADDRESS		enn Stre			
(SPEC)	AL, CREMATION, REA		31,1981	1 (edan		emetery	y	LOCATION TYPRIOWN Baltimon		Maryland	GTATE
MAC	Mully Fund	eral Hon	ne, 130ss	Fort Ave	.Balt	//3_/	SEP 1	1981	HACES	S SIGNATURE	ian



3	1.	FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 CERTIFICATE OF DEATH REG. NO.							
		CEASED NAME FIRST		WIDDLE		AST	20. DATE OF DEATH		AR 2b. HOUR		
poge a	,,,,,		lliam	G.	He	lwig	August 23	, 1981	2:25 Am		
offer o	3 SE	Male	4 RACE	hite	S. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 MONTHS D	YEAR IF UNDER 24 HRS		
MP2		RTHPLACE (STATE OR FOREIGN		SA	RY? 8.	NEVER MARRIED		R COUNTY OF DEAT	MD.		
18		TY OR TOWN OF DEATH	(IF NOT	E OF HOSPITAL, NUR IN SUCH FACILITY, GIVE STI Yland Gene	SING HOME C	R OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOSTO Sheet Meta	ION 12b. KIN DE WORKING LIFE) INDUS	ND OF BUSINESS OR		
35	la	ryland Ba	ME OR OTHER INSTITUTION OF THE PROPERTY OF THE	UTION GIVE RESIDENCE BE 130 CITY OR TO Lansdoo	OWN	13d. INSIDE CITY LIMITS?	130. STREET ADDRESS 2005 FLow	1	ltv.21227		
ond Je		Herman	WIDDLE	Helwin	7	15. MOTHER'S MAIDEN NA/	a	Mart	in		
themedical		VAS DECEASED EVER IN U.S res, no or unknoyy) (if ye	. ARMED FORC S, GIVE WAR OR DA			Mrs. Thelma F	. Helwig, Same				
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A 1/B1 4)		UNERAL DIRECTOR			ADDRESS.			25c. DATE	JG21198	PAR 251/19525	LEAN SHO	DIA MELL	Clan
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Y	FOR 1 - STATE REGISTRAR		STATE OF MARY AND SENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	HENNING BB	30, 6 5 1
y be	1. DECEASED NAME FIRST (TYPE OR PRINT) BABY B	OY MARK H.	HENNING	AUGUST 20, 1	981 25 HOUR 12:40a
ge 4 mo	Male Male	RACE Caucasian	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS.
P. P. P.	BIRTHPLACE (STATE OR FOREIGN) COUNTRY) Md.	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OF COUNT	Y OF BEATH
	10 CITY OR TOWN OF DEATH Balto.	JOHNS HOPKIN	G HOME OR OTHER INSTITUTION SORESHOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L INFANT	12b. KIND OF BUSINESS OR INDUSTRY
MARYLAND 2120 ed Wigney how mp. Dedy fill Con by ond 2 should be file estom or must be	1 de	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 136 CITY OR TOWN	1 13d INSIDE CITY LIMITS?	130 STREET ADDRESS parents-640	Ave. Rockaway Beach
	14 FATHER'S NAME FIRST HOWARD	Henning	15 MOTHER'S MAIDEN NAMED IN THE STATE OF THE		Sloman
IMORE, be executed on ond constant of the cons	160 WAS DECEASED EVER IN U.S. ARN (YES, NO OR UNKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUR		21 ADDRESS Howard Hennir	ng, 640 Rockā way Be
RDS, 201 W. PRESTON ST., BALTI	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (b) Recu DUE TO, OR AS A CONSEQUE (c) Partial	HORY Arrest NCE OF LIVEUT Aprent H	ypercarbia (134+3) umasome or condition Gi	SINCE BINCE SINCE SINCE SINCE SINCE SINCE SINCE SINCE SINCE
AL RECO	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH (OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requireloined by the hospital or offending physician. TO EUNERAL DIRECTOR: After this certificate has been signaled be detached for use as the buriol-transit permit. The with the State Dept. of Health and Mental Hygiene prior to the MPORTANI: If them 21 is marked or Item 18 shows any injury	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d IN JURY OCCURRED WHILE AL WORK 270.1 certify that (I) (this hospital sow the deceased line on above. (II) (ive) (did) (ild not) 278. SIGNATURE 274. PHYSICIAN'S NAME Type OR	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA 20) ottended the deceosed from 20 (view the body ofter deoth.	Y YEAR 19 211 LOCATION STREET	CITY OR TOWN TO 820 depth occurred on the date and had MEDICAL STAFF DIRECTOR PHYSICIAN PHYSI	19 that (I) (we) lost ur and from the couses stated 22c. DATE SIGNED
7.0 BP	730 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	0.1. 10	AME OF CEMETERY OR CREMATORY Ly Redeemer Cem	23d LOCATION CITY OR TOWN Baltimor	COUNTY STATE
DHMH- 16 50M 1/81 (VRA 15, 4)	Zannino Funera	ADDRESS	25a DATE	REC'D. BY REGISTRAR 256 DEGIS	TRAR'S SIGNATURE

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3	FOR STATE REGISTRAR	DEPARTMENT OF HEALT CERTIFICA	TH AND MENTAL HYGIE TE OF DEATH	NE 8 REG. NI	206	1 5 4
ny te desth	1. DECEASED NAME (TYPF OR PRINT) 3. SEX	John MIDDLE Richard He	nbent		MONTH DAY YEAR	2b HOUR 4:40Am
	Male	white 12	DAY YEAR	XXXXX 8	MONTHS DAYS	HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN COUNTY) Onth Carol 10. CITY OR TOWN OF DEATH	MARRIED U WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OT		JAKKK KAKKK	Lindex	(itymo.
urs ofter by the filed will	Baltimore	South But I more Galow		20. USUAL OCCUPATE TYPE OF WORK FOR MOST O	F WORKING LIFE) 126. KIND INDUSTRY Batt	o. Prydoch
in 24 hoi y filled in thould be	Maryland 136 CC	Baltimone YES			de Court 2	1225
ompletely ond 2 sh	14. FATHER'S NAME ERST Andrew	William Henbent	Mary	Ann	Jonnen	Lakes
be execu	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,		NFORMANT Edgan J. Hen	bent Port	akhill Da., Richey, Ela	Jasmine
requires that the death ceregizes that the death censigned by the attending of the please remove carbotropic, are attention, are injury, are attent traumatic.		DUE TO, OR AS A CONSEQUENCE OF (c) <u>Cevebral Vascul</u> IT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT	RELATED TO THE TERMIN	AL DISEASE OR CON		
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OR he he he be	22b. SIGNATURE	I L. Ruchey MD	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC	F	e SIGNED
TO HOSPITAL TO FUNERAL Should be det with the Store MAPORTANT:	22d PHYSICIAN'S NAME (TY Michael L	Richey Mis 3			ranylaul,	Feltimore
544 BP	230 BURIAL, CREMATION, REMOV (SPECIFY) Burial	8/7/1981 234 NAME OF CEMET Oaksword (Richmond		STATE
DHMH: 16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR Mcully Funeral	Home 237 E. Patapsco Av	225 AU	G 7 1981	256 ASSISTRAR'S SIGNA	Mart Co.

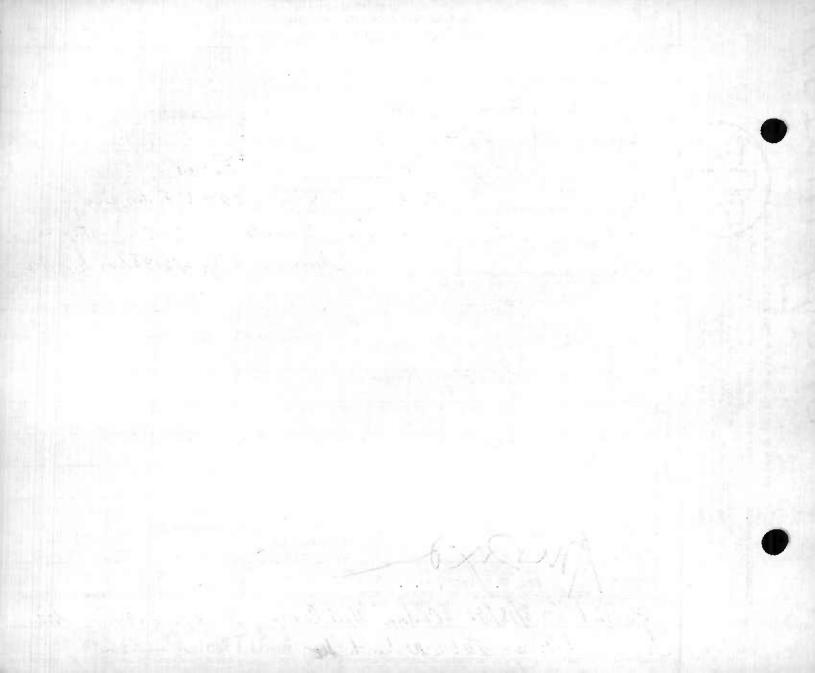
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME AKA: MIDSOLOMON ROSEN LAST KNOWN (TYPE OR PRINT) Joseph Herman ESTI-ARY, PLEASE DIRECTOR. OUR FILES. V72 HOURS 81 DEATH MATED 8 19 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE white YEAR male LAST BIRTHDAY) PRONOUNCED 75 YRS 8 1,81 4:55 FEB.7,1906 10 DEAD 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH p. FOREIGN COUNTRY) MARRIED NEVER MARRIED MARYLAND USA WIDOWED DIVORCEDXXX Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY Baltimore FOR MOST OF WORKING LIFE! Charles Center 7th Floor CHEF FOOD USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) APT. 704 130. STREET ADDRESS 3a. STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13b. COUNTY BALTIMORE 8 CHARLES PLAZA MARYLAND VITAL 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE SAMUEL ROSEN SOPHIE SCHLOMOVITCH 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT MRS. IDA GORDISTEIN USED AS A BURIAL - TRANSIT PERMIT. PAGES I OF HEALTH AND MENTAL HYGIENE, DIVISION RIAL, CREMATION, OR REMOVAL. (YES, NO. OR UNKNOWN) 1 COBBLESTONE CT., APT. T-1 216-01-7774 18 CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 31 PRIOR TO BURIA YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY LAT HOME 211 LOCATION TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 PI STREET, FACTORY, FARM, ETC.) CITY OF TOWN NOT WHILE COUNTY AT WORK 22a I certify that I taak charge of the remains described above, held an Inspection XX Autopsy Inquiry Hamicide L death resulted fram: TITLE (SPECIFY) 8/11/81 Assistant DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street, Balto.MD 21201 23g BURIAL CREMATION REMOVAL 73h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BURIAL 8/12/81 BALTIMORE MARYLAND BETH TELLOH 24 FUNERAL DIRECTOR **DHMH-17** SOL LEVINSON & BROS., INC. VR A15 ME (5) 15M 2/80 6010 REISTERSTOWN RD. BALTO., MD

-	1.	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2065 4 CERTIFICATE OF DEATH REG. NO.
vector, poets 3	3. SE	Female Black 2 22 88 93 YRS. MONTHS DATS HOURS M
within 72 ho	10 C	BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED DIVORCED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (1990) IN SUCH FACILITY, GIVE STREET ADDRESS!
d 2 should be filed in by the day the filed	130	UAL RESIDENCE (IF NURSING HOME OR OTHER PRISTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13c. CUP OR JOHN 13d. INSIDE PITY LIMITS? YES NO 5 MULL 5
Pages I and		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, DOBUMNOWN) (IF YES, GIVE WAR OR DATES) (YES, DOBUMNOWN) (IF YES, GIVE WAR OR DATES)
quires that the death certificate signed by the attending physici her please remove carbon pape to burial, cremotion, or removal. ijury, or other traumatic event, the	Z	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
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ind to A HENDING by the hospital or att. RAL DIRECTOR. After a detached for use as the state Dept. of Health ar NT: If them 21 is market	2	220. I certify that work is hospital attended the deceased from sow the deceased alive on above. We have the bady after death. 220. I certify that work is hospital attended the deceased from sow the deceased alive on above. We have the bady after death. 220. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIR
TO FUNE should be with the S		HOWARD B-COHEN BON SECURS HOSP: BURIAL, CREMATION, REMOVAL 23b. DATE 123c NAME OF CEMETERY OR CREMATORY 123d. LOCATION

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		CEASED NAME FIRST		MIDDLE		LAST	20. DATE	KNOWN (X)	MONTH	DAY	YEAR	26. HOUR
% × × × × ×	(146	DAVII)		HII	CKS, JR.	OF DEATH	ESTI-	8	14	, 81	200
REFERENCE	3. SEX		S. DATE OF BIRTH	6. AGE (1	N YEARS IF U	NDER 1 YR. IF UNDER			MONTH	DAY	YEAR	7d HOUR
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RAK AK AK	7a. BI	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF W	HAT COUNTRY?	8 MADE	RIED NEVER MARR	IED 9. BALTI	MORE CITY OR	COUN	TY OF DE	ATH	
AND WA		S.C.	U.3	SA	WIDO			timore	Cit	V		AAD
Y IS P HE FI	10. CI	ITY OR TOWN OF DEATH		SPITAL, NURSING HO		HER INSTITUTION	12a. USUAL OCC	JPATION (TYPE O		12b. KINE	D OF BUS	
PA LSS. 2		Baltimore	Luther	an Hospita	ıl		Ketil					
21201 ANY D AND 3 RETAIN HOULD RECORD		TATE 13b. COUN		13c. CJTYSOR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDE	ESS TOL		1		
STATE AND STATE		NIO,		Batto		YES NO	8271	V. Fulte	7.4	106		
IMORE, MD. 21201 FER DEATH. IF ANY DELAY IS NECESSARY, PLEASE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. ORM PM. 3, RETAIN PAGE 5 FOR YOUR FILES. SI AND 2 SHOULD BE FILED, WITHIN 72 HOURS. DIN OE WINA RECORDS, 201 W, PRESTON STREET.	14. F/	ATHER'S NAME PIRST	MIDDLE	Hicks.	Se	15. MOTHER'S MAIDE	II NAME	MIDDLE		the	AST A.	<
TIMORI TER DE FORM ES 1 AII	16a. V	VAS DECEASED EVER IN U.S. AR	AED FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT	116	ADDRESS		1770) 1 M	-3
	(4		WAR OR DATES)			KApuleur	1 Hills.	-26132	Elm	ndso	ns	lies
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, 201 W. PRES UJTED WITHIN I'N PENCIL IN EXAMINER IN RIAL - TRANS D MENTAL H ON, OR REM		lying cause last.	DUE TO, OR	AS A CONSEQUEN	CE OF							
EXECUTED NG" IN PROCAL EXAM SURFALL HAND MEI WATION, C		BARY & OVINCE CICHIPICANY CONDITIONS	(c)									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD "PENDING" IN PENCIL IN ITEM 18. ROBE TO THE CHIEF MEDICAL EXAMINER ALONG W RE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT. DE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OI PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	ANT MOT KETATED TO THE	TERMINAL OISEA	SE OR CONDITION GIVEN IN PA	RT 1 to					
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TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALLIMORE, MARYLAND,		EXAMINER'S NAME (TYPE OR PRINT)	Ann M. Øi	xon, M.D.		ADDRESS	Penn St.					
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Henry W. Jenkins & Sons Co., Balto., Md.

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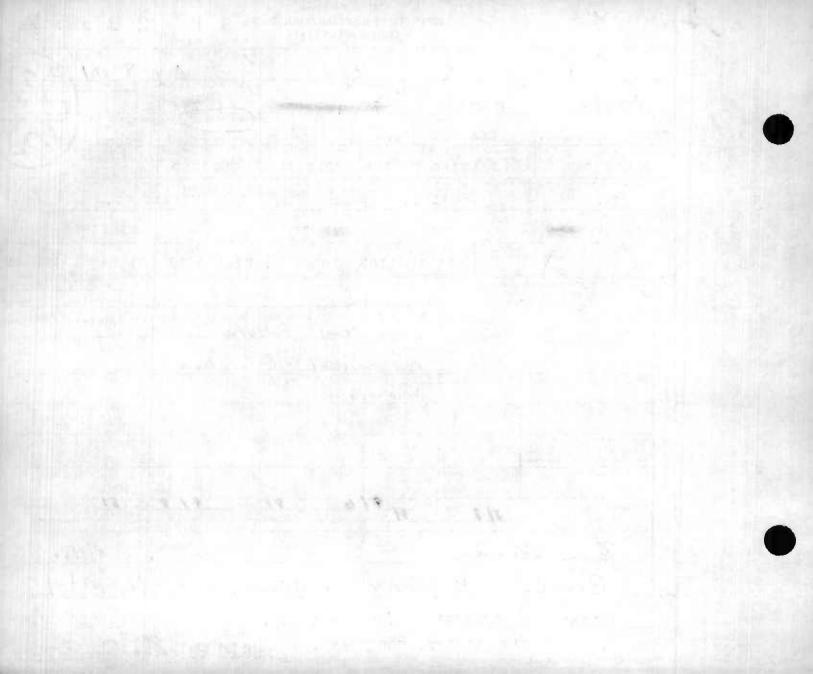
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DIVISION OF VITAL RECORDS,

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) BLANCHE HISS M. 81 IF UNDER I YEAR 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) Feb. 7.01914YEAR Female white To. BIRTHPLACE I STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED BALTIMORE CITY USA Maryland WIDOWED DIVORCED T O. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE BALTIMORE UNPOHOMEMORTAL ARESPITAL Clerical Episcopal USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13b COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? M Baltimore NO 3934 Beech Avenue 15 MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE MIDDLE LAST Nellie Llovd O. Mason 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN) LIFYES, GIVE WAR OR DATEST Warren Hiss 1101 Ovvwood Lane No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) PART I. DEATH WAS CAUSED BY Certmonans DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. DIVISION OF VITAL RECORDS, 201 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 28n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE AT WORK 22a I certify that (this hospital) attended the deceased from. 19 61 saw the deceased alive on and that in (aur) apinion death occurred on the date and hour and from the causes stated above, (4) (we) (did) (and not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN [DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME ITYPE OF PRINT 22e. ADDRESS UNION MEMORIAL HOSPITAL 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) CITY OR TOWN 8/29/81 Woodlawn Cemetery Baltimore Co. Md Woodlawn Burial 250. DATE REC'D. BY REGISTRAR 254 REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 3631 Falls Road 21211 Burgee Funeral Home (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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4107 WILKENS AVE

HUBBARD FUNERAL HOME. INC.

(VRA 15, 4)

STATE OF MARYLAND

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1630 Edmondson Ave. Catonsville, Md.

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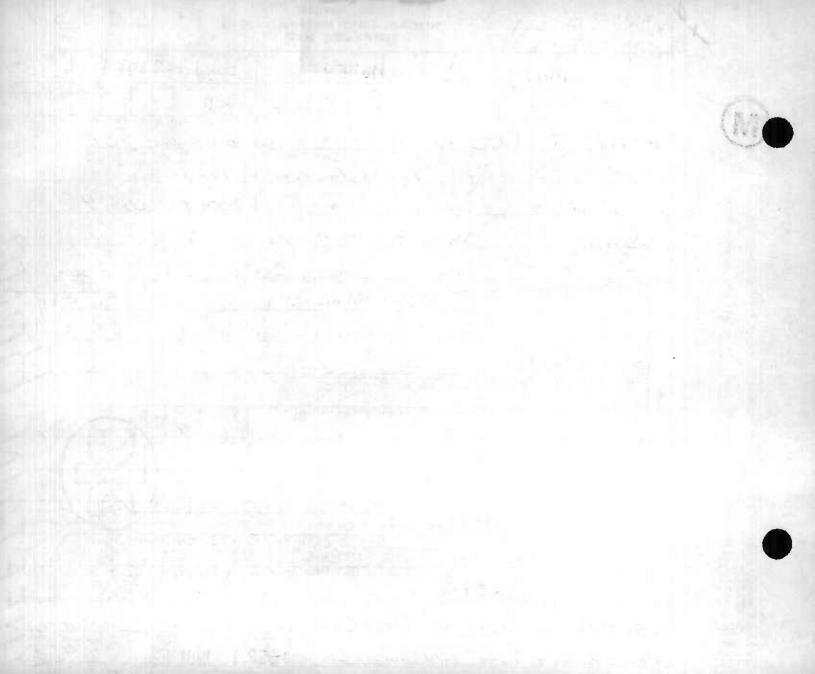
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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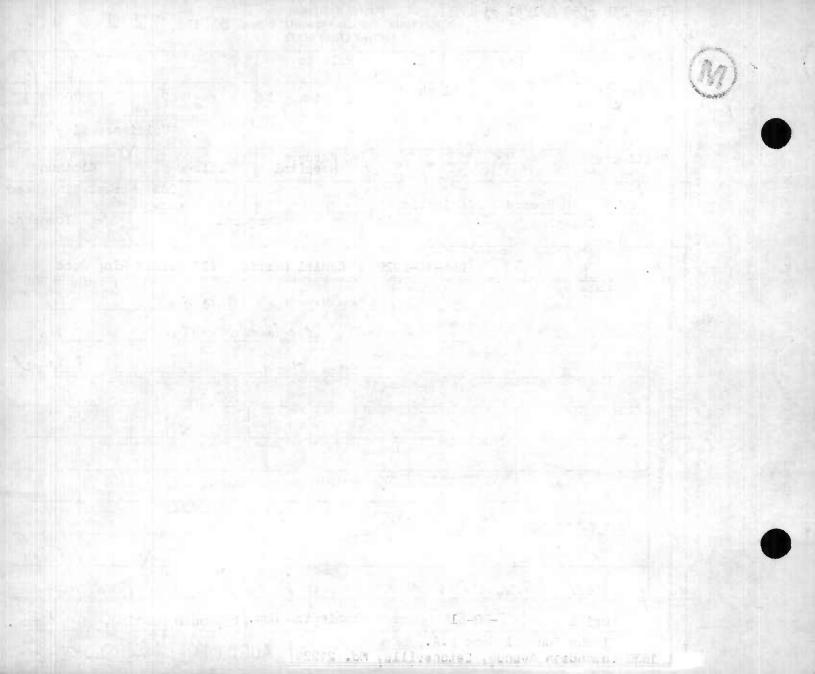
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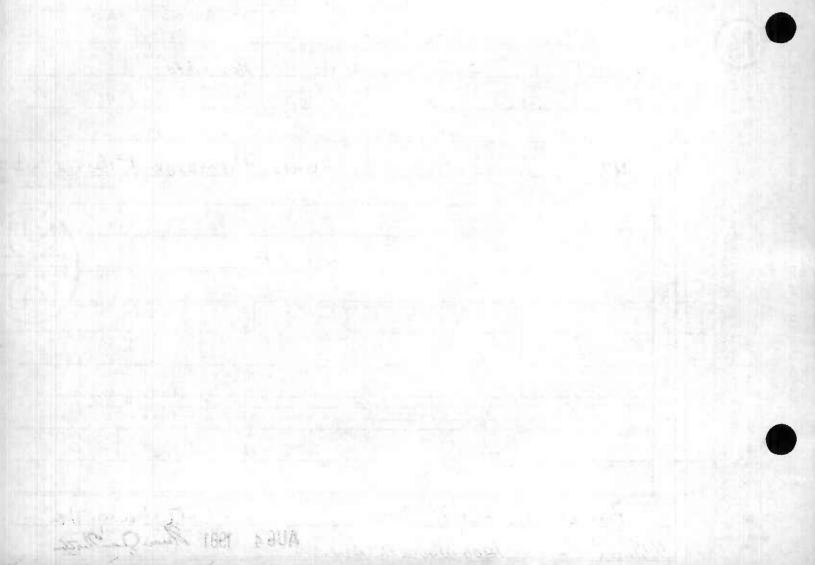
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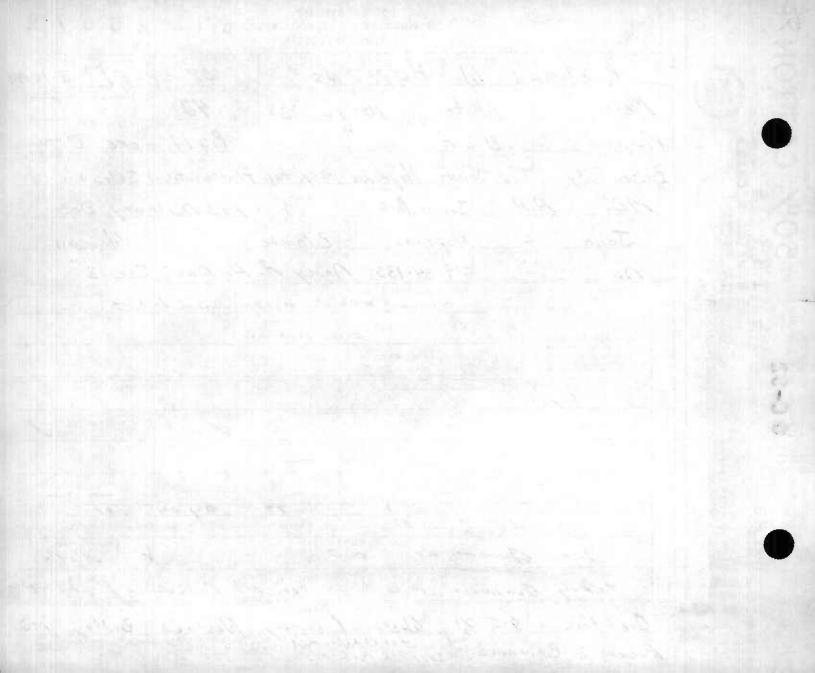
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) IRVING HOPKINS SR. 08 04 81 3. SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS YEAR MATE WHITE 09 09 09 71 BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED & NEVER MARRIED MARYLAND U.S.A. BALTIMORE CITY WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY 2817 SUNSET DRIVE. BALTIMORE CRANE OPERATOR BETHLEHEM USUAL RESIDENCE (IF NURSING HI OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION STEEL CORP. 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MARYLAND BALTIMORE 2817 SUNSET DRIVE, 21223 YES X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE UNKNOWN ESTELLE UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) NO 213-09-3001 EDITH M. HOPKINS 2817 SUNSET DRIVE, 21223 18 CAUSE OF DEATH Enter only one couse per line for 19 PART I. DEATH WAS CAUSED BY: PRESTON ST. DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART DIVISION OF VITAL RECORDS, CERTIFICATION prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [Mentol Hygi 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 71d INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY AT HOME STREET, FACTORY OFFICE, EARM, ETC CITY OR TOWN COUNTY 220.1 certify that (1) this hospital) attended the deceased from ceosed of our) opinion death occurred on the date and haur and from the causes stated 774 SIGNATUR DEGREE 22c DATE SIGNED ATTENDING STAFF PHYSICIAN DIRECTOR PHYSICIAN 17d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS should be HIROSHI NAKAZAWA. 3350 WILKENS AVENUE, 21229 230 BURIAL, CREMATION, REMOVAL 22h DATE 236 NAME OF CEMETERY OR CREMATORY BURIAL HOWARD MARYLAND 08-07-81 MEADOWRIDGE MEM. PK. ELKRIDGE 24 FUNERAL DIRECTOR 21229 250 DATE REC'D. DHMH - 16 50M 1/81 (VRA 15, 4) HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

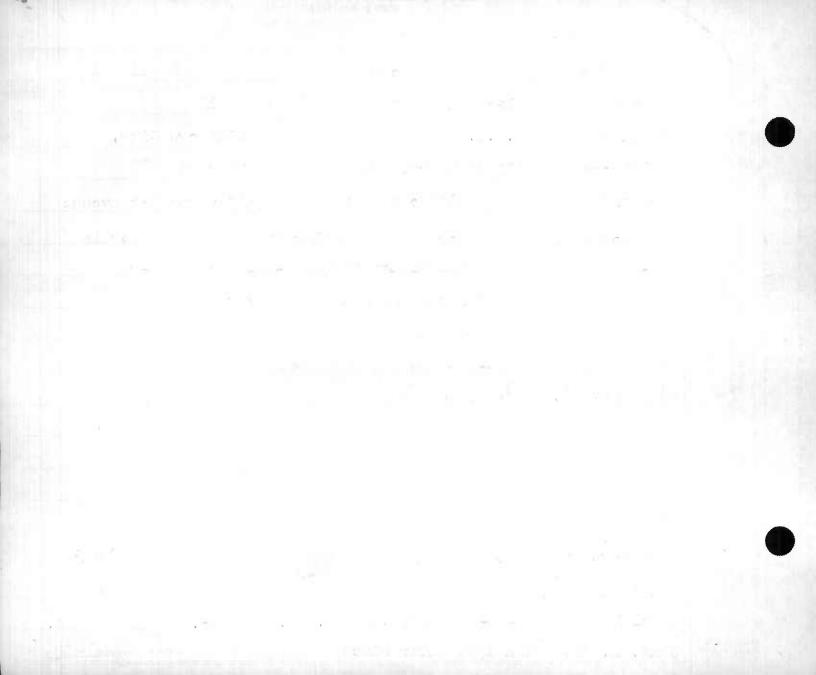
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*	STATE OF MARYLAND
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A ST A ST A	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET FACTORY OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
0 4 10 0	270 I certify that (1) (this haspital) attended the deceased from
2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	sow the deceased live an abave, (1) (we (did (did not) view the body after death.) . and that in (my) (aur) opinion death accurred an the date and hour and from the causes stated
12 WTH1	27b. SIGNATURE DEGREE 27c. DATE SIGNED
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DHMH - 16 50M 1/81	24 FUNERAL DIRECTOR TO 1 R 16 five HOLD 250 RATE RECEISTRAN 254 REGISTRAN 254 REGISTRA
Yeh (VRA 15, 4)	Robert S. Barranco - Severna Park MD.



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. WER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF CATE, WRITING THE WORD, "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1 FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PAGES 3 SHOULD BE USED AS A BURIAL. TRANSIT PRAMIT. PAGES 1 MID 25 HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL NO. 21201 PRICR TO BURIAL, CREMATION, OR REMOVAL.		PART 2 OTNER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO O	FATH BUT NOT BEE	ATER TO THE TER	MINAL DICEAS	TE OR CONDITION	ON CIVEN IN BA	DAT 1						
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STATE OF MARYLAND

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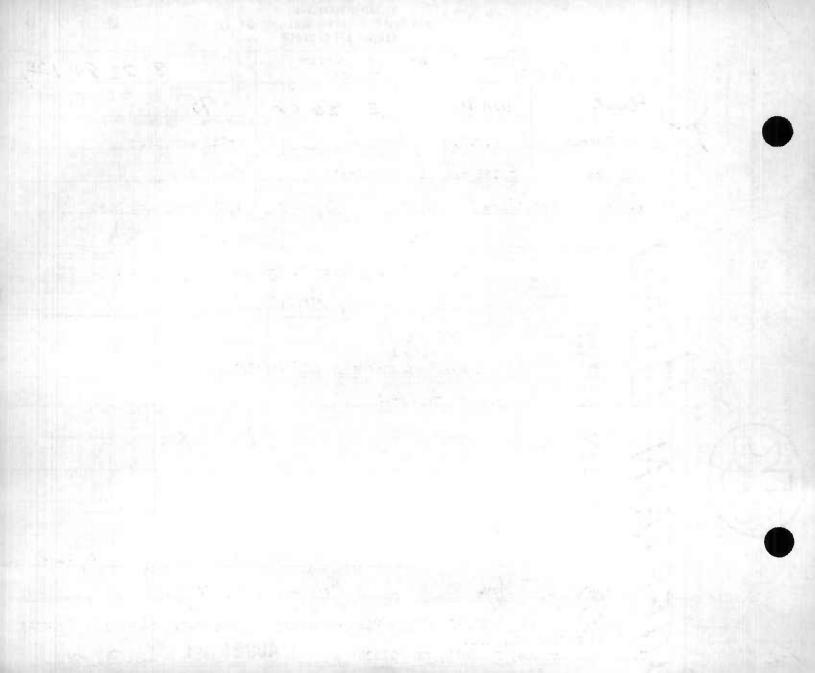
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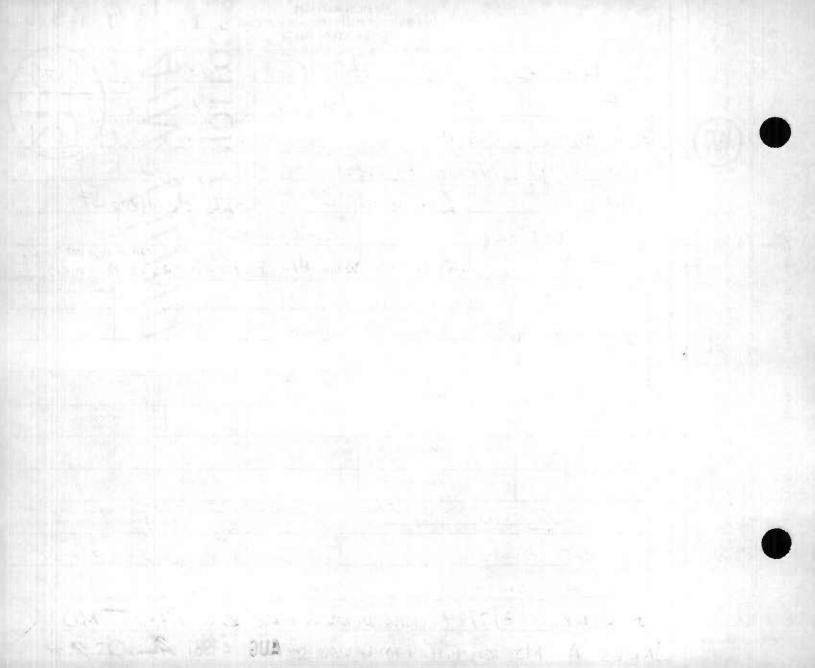
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	1	1		STATE OF MARYLAND		a a 1 0 0
	6	1.	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8	20680
	oth 3		CEASED NAME FIRST	MIDDLE LAST LAST LAST LAST LAST LAST LAST LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	ge 4 moy ector, pog irs ofter de	3. SE		4 RACE B S. DATE OF BIRTH MONTH DAY YEAR 3 / 15 / 10	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
) (MY)	S	RTHPLACE STATE OR FOREIGN DUNTRY & Cappling	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	- Baltimo	OR COUNTY OF PEATH
201	The state of the	B	altimore City	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LUTKERAN MOSPITAL	TYPE OF WORK FOR MOST	OF WORKING LIFET INDUSTRY
MARYLAND 2120	filled in	13a S	Md.	13c. CITY OR TOWN 13d INSIDE CITY LIMITS	13110 BK	eighton St
MARYL	ompletely l ond 2 st	14. FA		MIDDLE LAST FIRST UNKN	our MIDDLE	LAST
BALTIMORE,	n ond co	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LEWAR OR DATES) 2/803/093 WILLS MAE	Footman	auas Bowen RD
PRESTON ST.,	not the death certificate by the ottending physicis seremove corbanpoper. cemotion, or removol.		4.3 4.9 Conditions, if ony, which gove rise to immediate couse (a), stating the	DBY: CAUSE (o) CAUCIAC AUGS DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 201 W	equires the signed Then plector to buriol injury, or	NOI	Diabe	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE THE TOTAL TO THE TOTAL		
AL RECO	N: The low raysicion. ccate hos bee consit permit. Hygiene prio	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
NOF VIT	SICIA ng ph certifi riol-h		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
DIVISION	ING PHYS	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TO	WN COUNTY STATE
	TTEND pitol o pitol o TOR: A for use of Heol 21 is m		220.1 certify that the (this hospi sow the deceased alive on above the (we) (did) (did no	8 1 61	$\frac{8}{1}$, to $\frac{8}{1}$	lote and hour and from the couses stated
	PITAL OR A by the hospital DIRECT DIRECT DIRECT Stote Dept.		22b. SIGNATURE	DEGREE ATTENDIN PHYSICIA	G MEDICAL STA	FF SIGNED 8-1-81
	TO HOSPITAL retoined by the Topic Should be defined by the Store with the Store IMPORTANT:		22d PHYSICIAN'S NAME (TYPE O	AWOKE 220. ADDRESS	n Hospitel	2
16	BP	230 (BURIAL, CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATO	- CITY OR TOWN	TOWN MD STATE
4,	DHMH - 16 50M 1/76 (VR A 15 (4))	7	UNERAL DIRECTOR	250		25 BEGISTRAR'S SIGNATURE



72		STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYCIENE 12 1 2 0 6 8 1	
	1	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE B CERTIFICATE OF DEATH REG. NO.	
• w t		DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 20. HOUR	-
ay be	1	SEX JA. RACE JS. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HAS	
6 4 E	3	MONTH DAY YEAR / S MONTHS DAYS HOURS MIN	
Poge (A)	Za.	PERITHPLACE (STATE OF FOREIGN TO COUNTRY) MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH COUNTRY)	
de oth		MD USIT WIDOWED DIVORCED DATIMORE CITY N	ND.
- i i i	410	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 12b. KIND OF BUSINESS O (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	ıR
2120 00urs	/ US	Beltimer e Duinn Memorial 100 Retired	_
AND 24 h	71,	13. STATE 136 COUNTY 13. CITY OR TOWN 13d IN DE STY LIMITS? 130. STREET ADDRESS W. 36+6	
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compo ole was a second		UNKNOWN WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ADDRESS	-
BALTIMORE, cate be execu- ysician and co ppers. Pages 1 val.	100	(YES, OD OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 215-07-6567 NORMA HOY 3939 Roland Hue Ratha mcl. 215	2//
E 0 0 % 0 %	F	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),	H_
ST.,		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiac arrest	
0 4 000 0		Conditions, if ony, which (ib) Lecent myocardial interction	
the deat the atter remaye ematian			-
that I that I d by It ease r al, cre		gove rise to immediate couse (a), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Passible corebravascular accident	
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been smit. The prior to any inj	- P	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206. IF YES, WERE FINDINGS USED	_
he has hos hos hos hos hos aws	CERTIFICATION	YES NO YES NO YES NO	
OISION OF VITA B PHYSICIAN: T trending physicians the buriol-transi and Mentol Hygi ced or then 18 sh		The second of th	
YSICIA Ing ph ing ph ing ph ing ph ing ph ing ph ing ph	식통	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19	_
VISIOI G PHY attends er this the bu and M	MED	WHILE NOT WHILE AT WORK AT WORK	
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2 of 6 T T T T T T T T T T T T T T T T T T		saw the deceased alive an Austrus 1951, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.	
OR A DIRECTOR A DIRECTOR OF DEPT.		226 SIGNATURE DEGREE 226 DATE SIGNED	
HOSPITAL ned by the FUNERAL old be detected on the State ORTANT.		220. PHYSICIAN'S NAME (TYPE OR PRINT) 220. ADDRESS 220. ADDRESS	-
1 2 2 2 2		FRANCIS J TOWNSENDTH MD UNION MEMORIAL HOSAMI	
0 g 0 g x	23	IB. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY IN LOCATION CITY OR TOWN COUNTY STATE	=
136X BP	24	Burial Aug 6, 1981 St. Marys Cemetery (lambder) Ballimore, Maryland	
DHMH-16 30M 2/80 (VRA 15, 4)	24.	A. Alan Seitz Funeral Home 3818 Roland Ave.	

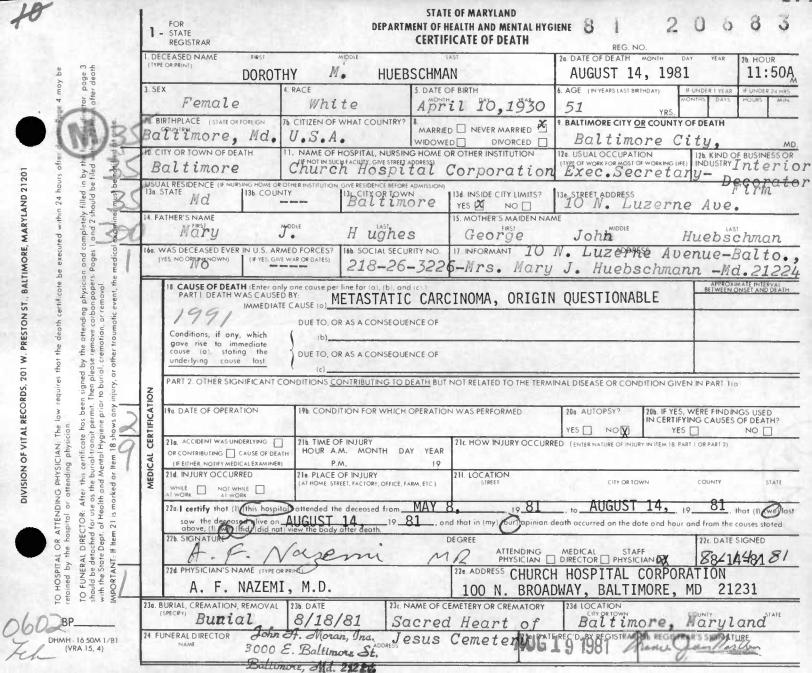
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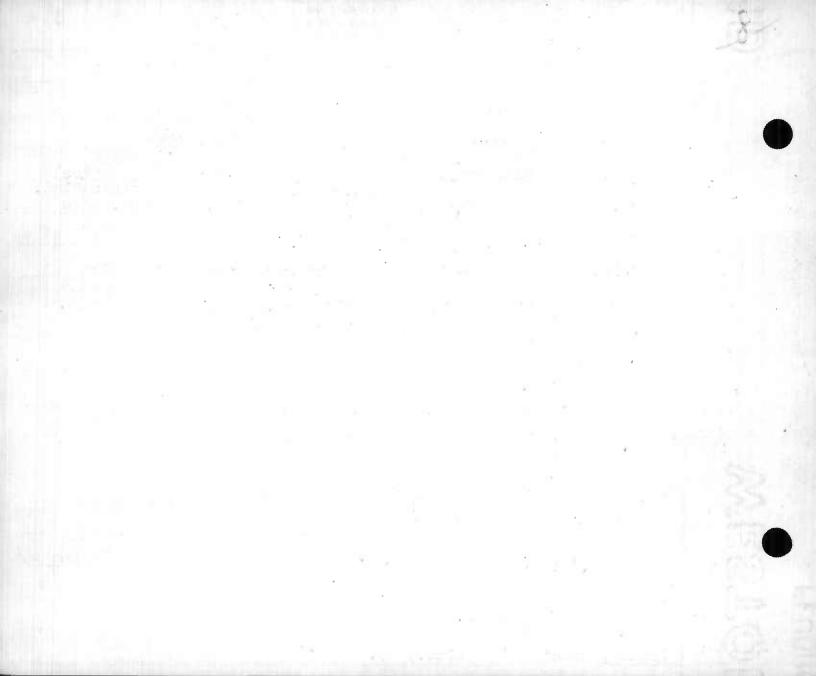
6	1			STATE OF MARYLAND		
15	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE B	20082
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poog de de	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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	10 R	COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	
deg deg	10.0	ITY OR TOWN OF DEATH	AZU	WIDOWED NORCED	Baltimore (
oy the led with	-	Bout more	(IF NOT IN SUCH FACILITY, CIVE STREET SOUTH BOTTOM	/ - 11	120. USUAL OCCUPATION (TYPHOF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY A.A. County
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AND n 24 h hould hould hould		MD Bat	HIMOSO 134 CITY OF TOV	VN 13d. INSIDE CITY LIMITS?	132 STREET ADDRESS 7410 Sundou	on Gen Burnie
within within d 2 s	14 F.	ATHER'S NAME	AIDDLE AAST	15. MOTHER'S MAIDEN NA	AME MIDDLE	LAST
MAR DON DON CO		William	Hoy	Elizabeti		Couple
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of other ding physician and completely filled in by as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fillen the ond Mental Hygiene prior to buriol, cremation, or removal. Or steed or them 18 shows ony injury, or other troumatic event, the medical examine fault being orked or them 18 shows ony injury, or other troumatic event, the medical examine fault being the property of	1	NAS DECEASED EVER IN U.S. ARA YES NO ORUNKNOWN) (IF YES, GIVE WV	WAR OR DATES)	17. INFORMANT Dr. S. Easton	n 3001 S. A	lanouer St. Balt.
ALTIN te be ician pers. P	1		y ane cause per line for (a), (b), o		330(APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4 ST., BAI certificate ng physica bon popel removol.		PART I. DEATH WAS CAUSED	BY: Doca Doc		ver cessation	BETWEEN ONSET AND DEATH
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DS, 7 quires signe hen p ta bui	Z	PART 2. OTTER SIGNIFICATIVI CO	ONDITIONS CONTRIBUTING TO	DEATH BOTHOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
ow re-	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. 1F	FYES, WERE FINDINGS USED
no perm	FFC				IN CE	RTIFYING CAUSES OF DEATH?
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0 0 E			ol) attended the deceased from	19 8	L. 10 8 4	, 19_81, that (I) (we) last
21 Sept		sow the deceased alive on a	view the body after death	ond that in (my) (our) opinion	death occurred on the date and	hour and from the causes stated
OR AT he hosp DIRECT DIRECT Doched fi Dept. o		226. SIGNATURE		DEGREE		22c. DATE SIGNED
		MADIN		M D ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	8/4/81
HOSPITAL oned by the FUNERAL I old be deto or the Store E ORTANT: IF		124 PHYSICIAN'S NAME (TYPE OR	PRINT)	22e. ADDRESS		
O HOSPITAL efoined by 1 TO FUNERAL should be def with the Stote		Steven w.	EAton	3801 S.	HANOVER St.	BARTIMORE, Md
7	23a.	BURIAL, CREMATION, REMOVAL	236. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
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DHMH-16 30M 2/80	24 F	UNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256. BE	
Fel (VRA 15, 4)			kly Glen Bur	nie Md.	AUG 1 1 1981 /	lance front bostlon

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Court of the parties . Walth service block to the Name of the Control o Andrew Agency and was a solid with the property of the said of the Harris et al. E har '

8	1.	FOR - STATE REGISTRAR	DEPAR	TMENT OF H	OF MARYLA EALTH AND N CATE OF D	AENTAL HYG	IENE 8	2	0 6	8 4
		CEASED NAME FIRST	MIDDLE		ST .		20 DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR
Page 4 moy be		JAMES		HUG	HES			8 18	81	
moy (1 SE	X	4 RACE	5. DATE O	F BIRTH DAY	YEAR	& AGE (IN YEARS LAST BIRTH		FUNDER 1 YEAR	IF UNDER 24 HRS
ge 4	1)	Male	White	7	31	00	81	YRS.	DAYS DAYS	HOURS MIN
Pag Pag		IRTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY	/? B	□ NEVER M	APPIED [9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
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by the funeral filed within 72 h	10 C	Balto.	11. NAME OF HOSPITAL, NURS NOT IN SUCH FACILITY, GIVE STRE CITY HOSP.	SING HOME OF	R OTHER INST	ITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF FOTEM	ON FWORKING LIFE)	INDUSTRY	of Business or
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within within d 2 sho	14. F.	ATHER'S NAME			15 MOTHER'S	MAIDEN NAM	AE	11 21 02		
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and composes I on	160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEG		17 INFORMAT	NI	ADDRE	SS		
		YES, NO OR UNKNOWN) (IF YES, GIV	213-09-	-2226	Mr. T	raynha	am City H	iosn	Balto	o Md
	F		e for (a), (b), s		/	/ /	~ /	OBP		MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D OV	otwe	Lea	et ite	odure		1/2	hous
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requires that the death in signed by the attend. Then please remove contra buriol, cremation, a injury, or other traumoi	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COND	OITION GIVE	V (N PART 1(c	D
Deric De	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFOR	RMED	200 AUTOPSY?	206. IF YES,	WERE FINDIN	NGS USED OF DEATH?
hysicion. icate has ronsit per Hygiene.	1 =						YES NO	YES		NO 🗌
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the hospital DIRECTOR of He Dept of He Zl is		27% SJGNATURE	> ()	9	EGREE		/		22c. DATE	SIGNED
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	230	BURIAL, CREMATION, REMOVAL		NAME OF CE	METERY OR C	REMATORY	23d. LOCATION CITY OF TOWN	C	OUNTY	STATE
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DHMH-16 20M		NAME	ADDRESS	34.7				. 1	AR 3 SIGNAL	ORE
(VRA 15, 4) 7/78	1 2	Anatomy Board	Balto	., Md.			IG 28 1081	Phina	Wa	16 The



William C. March F/H 1101 E. North Ave

MIDDLE

- STATE

DHMH - 16 50M 1/B1 (VRA 15, 4)

REGISTRAR

FIRST

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

REG. NO

YEAR

INDUSTRY

Long

COUNTY

22c. DATE SIGNED

2b HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

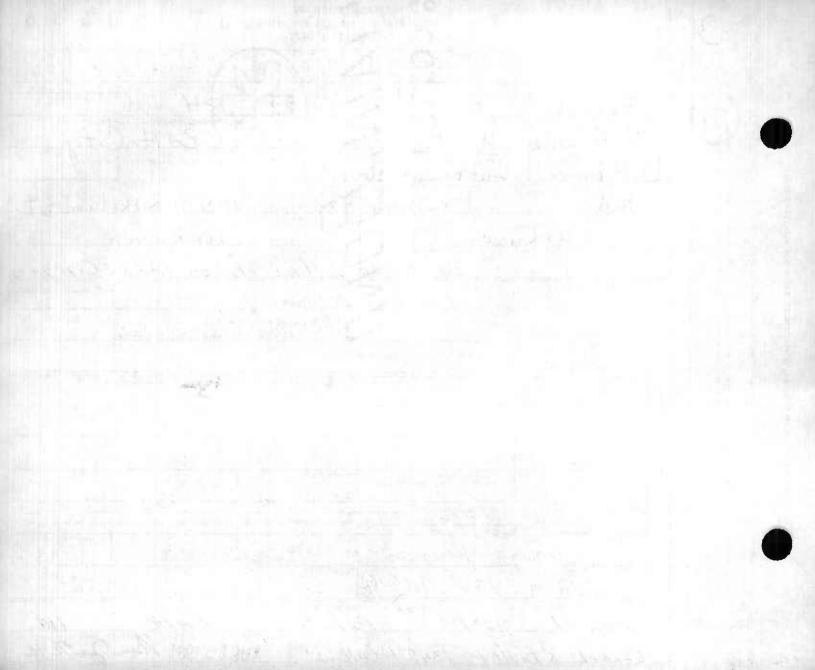
STATE

Md

20. DATE OF DEATH MONTH

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	3	TOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 0 5 8 5 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.
	e de	1. DECEASED NAME MARY MIDOLE HUNDLEY 20 DATE OF DEATH MONTH OAY YEAR 26 HOUR OF 20 8/08/06/A M
	Page 4 mo	3. SEX 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 70. BIRTHPLACE ISTATE OF FOREIGN 70. CITIZEN OF WHAT COUNTRY? 8 4. RACE 5. DATE OF BIRTH MONTH DAY YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH
	death.	South Caroling 4.5. A. WIDOWEDS DIVORCED Batta City MD.
201	by the	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 12. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
MARYLAND 2120	y lifted in Should be	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 130 COUNTY 131 CITY OR TOWN 131 INSIDE CITY LIMITS? 130 STREET ADDRESS NO 150 M. Duke land 5t.
	completely I and 2 sh	15. MOTHER'S MAIDEN NAME FIRST WY KNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS ADDRESS
BALTIMORE,	rcian and coers. Pages I	(YES, NO OR UNKNOWN) (IFYES, GIVE WAR OR DATES) 218-07-7516D LILIAN Phillips 1228 E. Coldsque ins
201 W. PRESTON ST.,	ss that the death certificology by the attending physical by the attending physical control cremation, ar remove carbonape, ar other fraumatic event,	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c.) PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF CAUSE CAUSE CONSEQUENCE OF CAUSE CAU
RECORDS,	The low require. ician. te has been signt ssi permit Then p giene prior to bu, shows, ony injury.	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 100 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1216. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
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DIVISI	NG Pl r otten (fter th as the th ond arked	AT WORK AT WORK
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	Y the hoy the hoy and DIREI Getached detached to the Dept.	226 SIGNATURE Kuang Yln Hung M. D ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
	to HOSPITAL estoined by 11 TO FUNERAL should be det with the Stote	22d. PHYSICIAN'S NAME (TYPE OR PHINT) KUANG-YEN HUANG 220. ADDRESS Lutheran Hospital
160	BP	230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN COUNTY STATE HOLD COUNTY STATE
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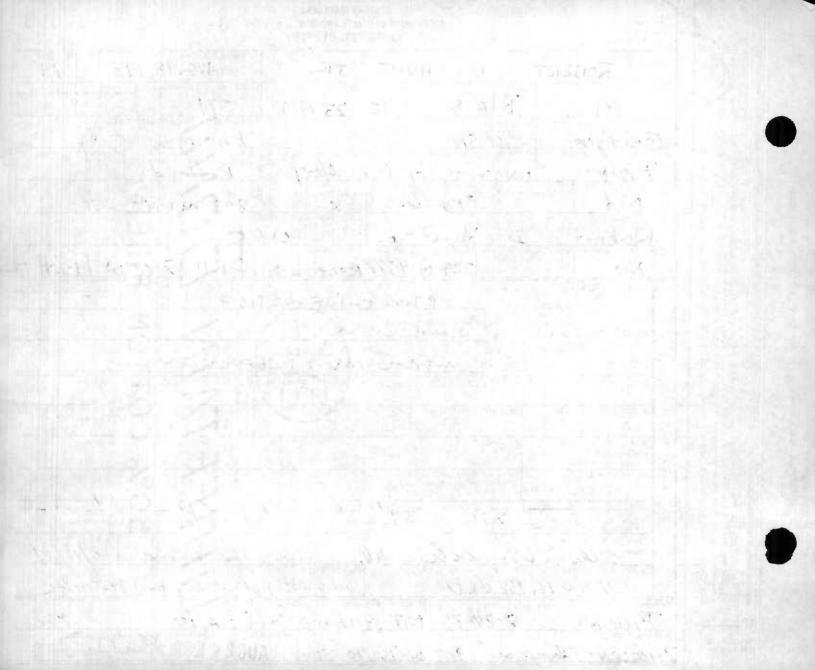


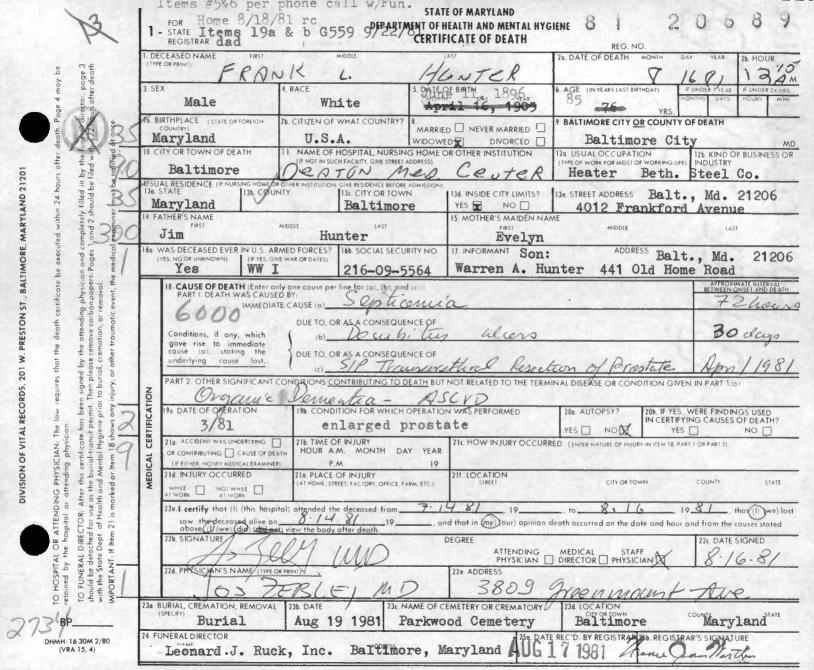
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	10. 0	ITY OR TOWN OF DEATH		F HOSPITAL, NURS	ING HOME OR OTHER INSTI		USUAL OCCUPATION E OF WORK FOR MOST OF W	126. KIND	OF BUSINESS OR
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po po /	160	WAS DECEASED EVER IN I	U.S. ARMED FORCES' FYES GIVE WAR OR DATES!				ADDRESS	3437 Ken	von Ave
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ned ple pric		PART 2 OTHER SIGNIFIC	CANT CONDITIONS	CONTRIBUTING TO	DEATH BUT NOT RELATED 1	TO THE LEMM AL	DISEASE OR CONDIT	ION GIVEN IN ART 1	(a)
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E 2 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		sow the deceased a		8/20/19	, and that in (my)	opinion death	occurred on the date	and hour and from the	e causes stated
4 5 4 4 5 5	10	obove, (I) (22b SIG 1/2) TURE	(did not) view the boo	ly after death.	DEGREE		,		E SIGNED ,
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96 2313		BURIAL, CREMATION, REA		~ / ~ 7	NAME OF CEMETERY OR CE	REMATORY		COUNTY	STATE
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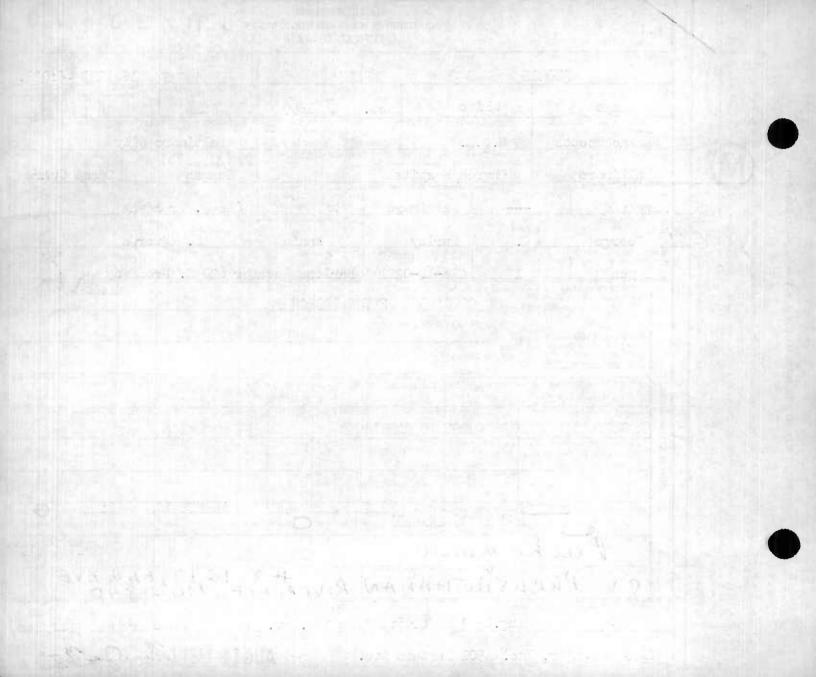
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ST., BALT ertificate b ag physicia ann papers, removal.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	DV	EBRALINE	ARCTION		BETWEEN ONS	TE INTERVAL SET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by and Mental Hygiene prior to buriol, cremotion, or removal. Or shows any injury, or other traumatic event, the medical examples of the long that the medical examples of the long that t		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSE	OUENCE OF SM				
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or to bury, or injury, or	NOIL	PART 2. OTHER SIGNIFICANT C						
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DIVISION O PHYSICI or offending if After this cert e os the buriol lith and Mente	WED	216, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC.)		CITY OR TOWN	COUNTY	STATE
TTEND pital a potal a for use of Heal		220.1 certify that (1) (this hospital sow the deceased alive on above 14 to distribute on above	2/18	211	, 19, to our) opinion death occurr	ed on the date and hour		t (* (we) lost uses stated
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803BP	23a. I	BURIAL, CREMATION, REMOVAL	236 DATE 8-24-81	MT Aubur	1 - 1911	ATION YOR TOWN	COUNTY	Marian
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	INERAL DIRECTOR NAME SOLUNI Han	PTON 1912	SW Rolfe ST	250. DATE REC'D. BY	4 1981 Trans	() -	Estle.

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9 7 5		CEASED NAME FRST	ion thir	20	DATE OF DEATH MONTH	S YEAR Zh HOUR
and and	1 SE	×	4. RACE 5. DATE OF B		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 💍

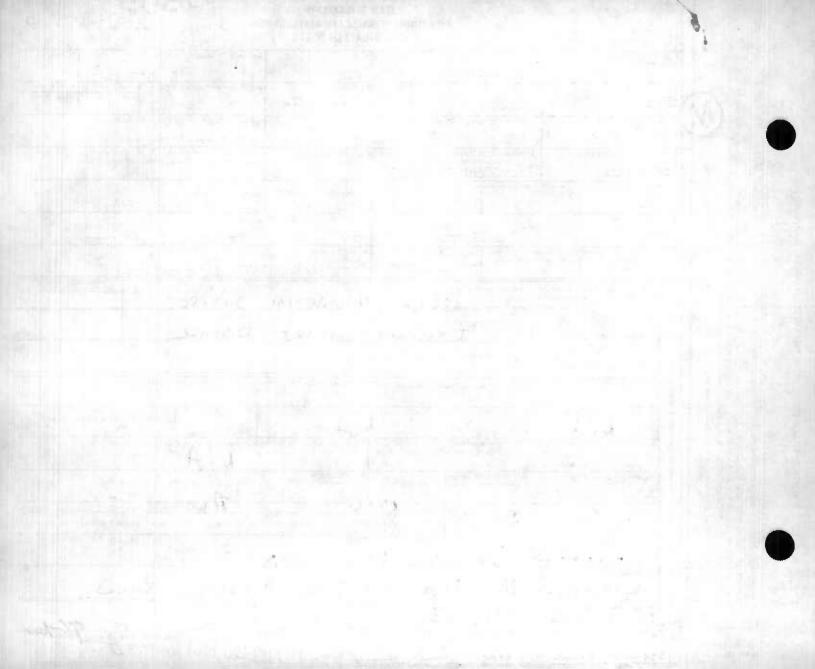
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	3. SE	FEMALE	NEGRO	S. DATE OF BIRTH MONTH DAY YEAR 12.0/	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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amptetely and 2 sh	14. FA	THER'S NAME Pete	Harri	s Malvina	AME	Harris
n and ca Pages 1		VAS DECEASED EVER IN U.S. AR/	WAR OR DATEST	ecurity no. 17 informant 4-8908 Mrs. Doro	thy V. Bis	ssBalto.,Md.21216
requires that the death ce in signed by the attending Then please remove carb ir to burial, cremation, or injury, or ather traumatic	NOI	Conditions, if any, which gave rise to immediate cause (o1), stating the underlying cause last	DUE TO, OR AS A CONSE	Ditus Ulcers OUENCE OF TO DEATH BUT NOT RELATED TO THE TER.	MINAL DISEASE OR CON	DITION GIVEN IN PART 1(0)
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Sep Per	ı	22b. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	11 0/6/8/
TO HOSPITAL Cretorned by the TO FUNERAL Dishould be deton with the Stote DIMPORTANT: If		22d PHYSICIAN'S NAME (TYPE OF	1 9057.	M. D.		
De Frank	23a. E	SURIAL, CREMATION, REMOVAL	23b. DATE 8/11/81	Mt. Auburn Cemetery	23d. LOCATION	CI SOUNTY IN CONSTANT OF
0 BP		Burial	0/11/01			19 DEGISTRAR'S SIGNATURE

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5	3 SE	x	14	RACE		5 DATE C	OF BIRTH		& AGE (IN YEARS	LAST BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
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5/1/	J	ack first	MI	DDLE	Lyons		Mary	FIRST		DOLE	Tarana	T.
ig V		VAS DECEASED EVER	IN U.S. ARM	ED FORCES?	114 SOCIAL SECU	RITY NO	17 INFORM	ANT	Taylo	ADDRESS	Lyons	
the		YES, NO OR UNKNOWN		WAR OR DATES	219-30-8				2475 1147	7 D	7	
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or of		cause (a), statin underlying cause	g the	DUE TO, O	R AS A CONSEQUE	NCE OF						
y injury,	Z	PART 2 OTHER SIGN	HEICANT CO		ONTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERM	NINAL DISEASE O	R CONDITION GI	VEN IN PART 110	31
shows any	CERTIFICATION	190 DATE OF OPERAT	ION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	200 AUTOPS		S, WERE FINDIN	
18 sh	E	NI	4				VIA		YES N		ES 🗌	NO 🗆
9	1	210. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC)	AUSE OF DEAT	HOUR A.	M. MONTH DA	YEAR	ZIČ HOW II	NJURY OCCUR	RED (ENTER NATUR	OF INJURY IN ITEM 18.	PART I OR PART 2	
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Шагкед	-	AT WORK AT WO	RK						A		01	
n 21 is		22s I certify that (I) say be decease above, I) (we) (a		100	2 50 19	07	nd that in (my	, 19	, 10	n the date and ha		that (I) (we) last causes stated
ter		22b. SIGNATURE	id) (did nat)	view the bady	atter death.		DEGREE				22c DATE	SIGNED
<u></u>		- Abd	real	5 W	~	N	Du	ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAFF PHYSICIAN		
IMPORTANT:		224 BHYSICIAN'S NA	AQD	PRINT)	Huar	Wh 3	22e ADDRE	300	3-4200	SOW B	Qui	
Ξ-	230.	SURIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR		23d. LOCATIO	N	6014 m	47.475
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		UNERAL DIRECTOR		- 9///8		14CL]	NIENT TO	25R. DAT	E REC'D. BY REG	STRAR 254 REGIS	TRAP'S SIGNAT	Jake Line
6 25M 4) 1/79	AT-	NAME		A	ADDRESS				JG 28 19	81 Carne	000	,
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The state of the s	3. SE	MARIE	D lack	5. DATE OF	BIRTH DAY YEAR -23-13	6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YE MONTHS DA	
MB	10 B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	JNTRY? 8. MARRIED WIDOWED	NEVER MARRIED DIVORCED	BALTIMORE CITY O	COUNTY OF DEATH	M
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n and ca		NAS DECEASED EVER IN U.S. ARA YES, NO QRUNKNOWN) (IF YES, GIVE	MED FORCES? 16b. SOCIA	AL SECURITY NO.	Nuit Ls R	ADDRE	SS	
that the death certificate by the attending physici ose remove carbon paper of, cremotion, or removal.		18 CAUSE OF DEATH (Enter onl PART I. DE ATH WAS CAUSED IMMEDIATE AS CONditions, if on which gove rise to immediate cause [a], stating the underlying cause last.	ly one cause per line for (o), D BY: "E CAUSE (o) DUE TO, OR AS A CON (b) DUE TO, OR AS A CON	NSEQUENCE OF	le dome	rtig	APPE BETWE	ROXIMATE INTERVAL EN ONSET AND DEATH
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G PHYSICIA otherwing pl other this certifi to the busiol-th on and Menthal riked or them	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK		19	II LOCATION STREET	CITY OR TOV	VN COUNTY	STATE
th OR ATTENDER the hospital or a DIRECTOR: Af enoched for use or Dept. of Health is if Nem 21 is ma		22a.1 certify that (I) (this hospit saw the deceased alive on obave, (I) (wa) (did) (did not 17h SIGNATURE	t) view the body after death		that in (my) (our) opinion of	, to	22c. DA	the causes stated
O HOSPITA Trained by O Funera O Funera Hould be di		126 PHYSICIAN'S NAME (THE CA	1	1	20 ADDRESS BON	SICOM	17	eg; tal
) DBP	73n ₂ -	BULLA	8-14-81	PichAlds	DIV COMMETTERY	23d. LOCATION CITY OF TOWN EASTO		Mestate
DHMH-16 30M 2/80 (VRA 15, 4)	7	INERAL DIRECTOR	100 AC	DORES 9 JACO	St Mol 250 DATE	E C'D. BY REGISTRAR	Sh REGISTRAR'S SIGN	IATURE

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10	,	FOR	DEPAF		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8	206	9
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be see the	(TYPE	ORPRINT) Haze	1	J	ackson		8/30/81	1/3
the second	3 SE	Female	14 RACE	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER
Poors S	Ja BI	RTHPLACE (STATE OR FOREIGN	Black 75 CITIZEN OF WHAT COUNTR	Y? 8		9 BALTIMORE CITY OF	YRS. COUNTY OF DEATH	-)
m 72	St	reet, Md.	USA	WIDOWE	DI NEVER MARRIED L	Balo	Smore Ci	ter
s ofter o	10. CI	all mir	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI Provident	SING HOME C EET ADDRESS) HOSP!	or other institution	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		F BUSHIE
24 hour filled in ould be	13a S	AL RESIDENCE (IF NURSING HOME C TATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEF JNTY 134 CITY OR TO Balto	NWO	13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 3406 Spri	ngdale Ave	
± 0 ~==		THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA		LAS	
on old of		rvin	Webster		Rachael	ADDRE		
n ond c Poges	16a V	/AS DECEASED EVER IN U.S. A es, no or unknown) (IF YES, GI	ARMED FORCES? 166 SOCIAL SE- IVE WAR OR DATES) 2 1 4 20		Bernitta Fu			- ^
g physicio g physicio on popers removol. event, the		PART I. DEATH WAS CAUS	only one couse per line (a) (b), (b), (b) (c) (b), (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	le'	Myocard	ial dega	netin 40	MI
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ow reconstruct. I prior to ony in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20h IF YES, WERE FINDIN	GS USE
The I cion. te hor sit pe grene shows	RTIF	2)g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		I 21: NOW BUILDY OCCUPA	YES NO	YES 🗌	NO [
SICIAN: 19 physical properties of the physical		OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH		21¢ HOW INJURY OCCUR	CED (ENTER NATURE OF INJURY	FIN HEM 18, PART I OR PART 2)	
A Mary	MEDICAL	21d. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE)	19	211 LOCATION	CITY OF TOW	N COUNTY	Si
NG P ifter the cost he	Σ	WHILE NOT WHILE AT WORK	(ATTIONE, STREET, TACTORI, OFFIC	L, FARM, LTC.	00 100	0 21 1		
ENDI tof or Truse Heol		220.1 certify that (1) this hosp sow the deceased alive a	pitol) attended the deceased from		nd that in (my (our) apinion of	tenth occurred on the de	19 19 to me the	ho (1)
R ATT hospi RECT red fo red fo ret of em 2		obove 11) we) (did (did n 22b. SIQNATURE	not view the body ofter death.		DEGRE	acom occorred gar inte do	22c. DATE	
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HOSPITAL oined by th D FUNERAL ould be dete ith the Stote		278. BHISICIAN'S NAME ITYRE	PRINTY, TYSO	N	22e ADDRESS 93	ETIMORE	UDRIH	Ai
O O O O O O O O O O O O O O O O O O O	23a. B	274 PHYSICIAN'S NAME ITYRE CHARCE URIAL CREMATION, REMOVA PECIFY BUT 1 a	AL 23bDATE 23	NAME OF CO	22e ADDRESS 934 EMETERY OF CREMATORY Mem. Cem.	6. W.	UDRIH	Ar STA

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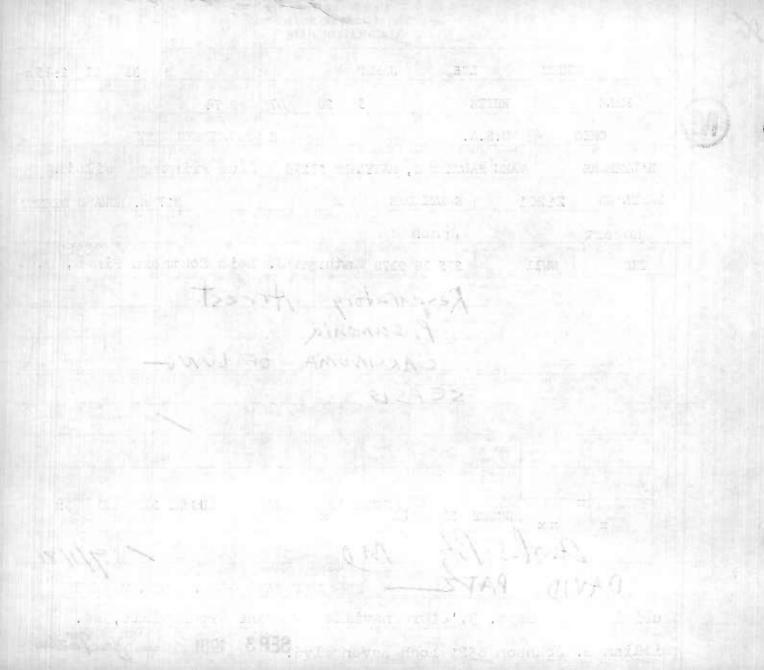
Johnson 8521 Loch Raven Blvd

FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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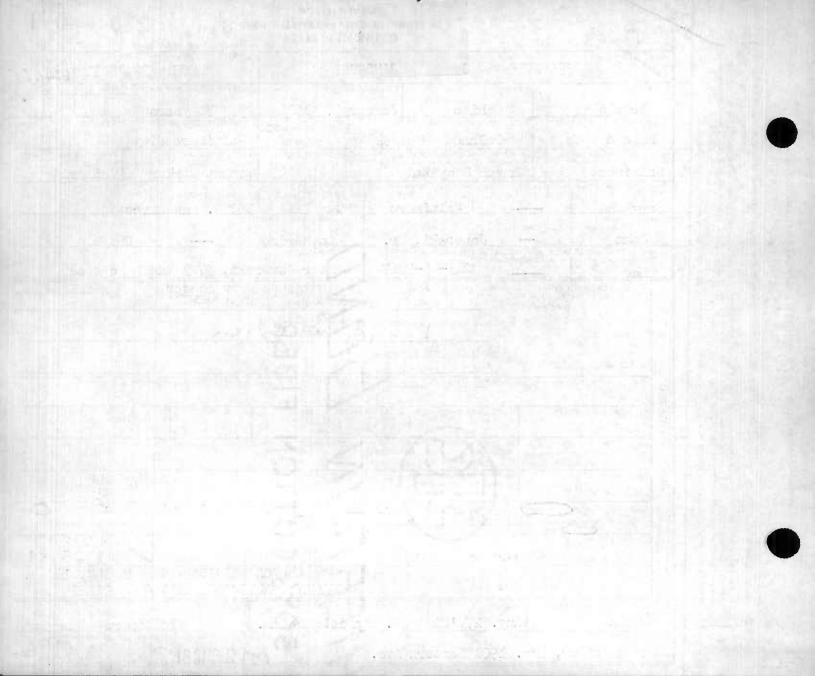
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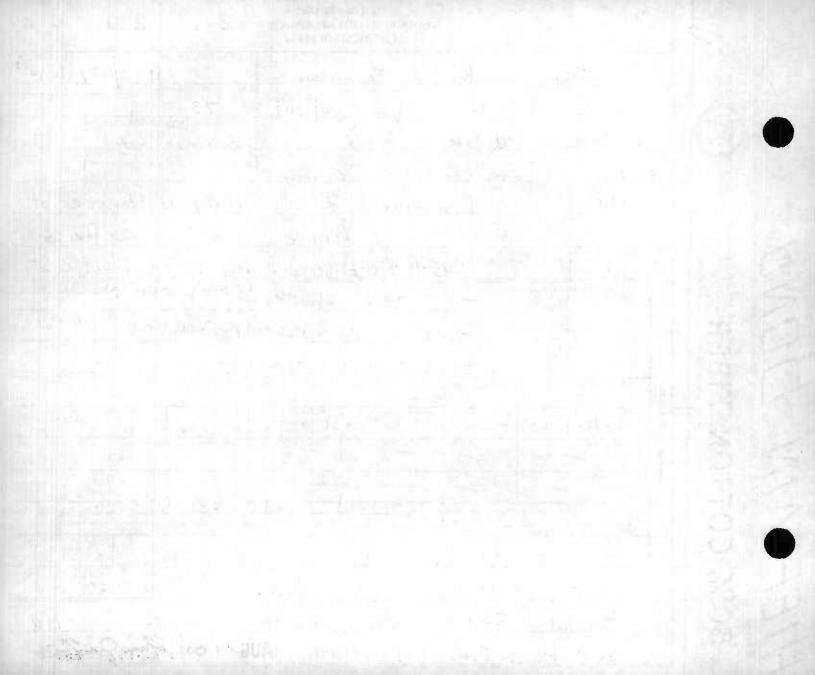
(VRA 15.4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



5	1 -	FOR STATE REGISTRAR			HEALTH AND MENTA		2 0 7 0 2 No.
y be ge 3	1. DE (TYPE	CEASED NAME FIRST OR PRINT)	MIDE	J.	LAST EFFUSON	20 DATE OF DEATH	0805/198/ 10-10 A
	3. SE	Male	4 RACE	5. DATI	TH DAY YE	6 74	MONTHS DAYS HOURS MIN
O Wize	2 0	IRTHPLACE (STATE OR FOREIGN OUNTRY) N C ITY OR TOWN OF DEATH		MARE WIDOV		D Baltim	OR COUNTY OF DEATH CE CITY MD. ATION 126 KIND OF BUSINESS OR
1201	USU	89/ fimou AL RESIDENCE (IF NURSING HOME	North C OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSIO			
Min 24 h		ATHER'S NAME	UNITY 13	Baltimore	YES NO [1007	N. Monroe ST
E, MAR	160	FIRST VAS DECEASED EVER IN U.S. A	MIDDLE	LAST B SOCIAL SECURITY NO	Annie	MIDDLE	Jefferson PRESS
LTIMOR be model		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	245-18-830	Alvenia	Long 100	7 N. Monroe St
o certifellit dina physical or moocel		18 CAUSE OF DEATH Enter PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (0)	SEPT:	c shoc	k univary	APPROXIMATE INTERVAL APPROXIMATE INTERVAL
the death the attence common c		Conditions, if any, which gove rise to immediate cause (a), stating the	(b)	S A CONSEQUENCE OF	380 VAS	CHIAY ACC	S. Dent
S, 201 W. P	7	PART 2. OTHER SIGNIFICANT	(c)	TRIBUTING TO DEATH B	UT NOT RELATED TO TH	E TERMINAL DISEASE OR CO	INDITION GIVEN IN PART 1(a)
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificiate be received within 24 hours of the death certificate has been signed by the attending protection and completing filled in to as the burial-transit permit. Then please remove carbon properts finger if and 2 should be filled in that and Mental Hygiene prior to burial, cremation, or immored. In and Mental Bygiene prior to burial, cremation, or immored.	CERTIFICATION	190 DATE OF OPERATION	8) -Sup	ON FOR WHICH OPERAT	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
//SION OF VITAL R 3 PHYSICIAN: The littending physician. In this certificate has the burial-transit pe and Mental Hygiene and or Item 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CHUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE	CALL.	NJURY MONTH DAY YEA	R	CCURRED (ENTER NATURE OF IN	
DING PHYSON or ottending After this see as the burnarked or marked or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET	INJURY EACTORY, OFFICE, FARM, ETC.)	211. LOCATION	CITY OR 1	OWN COUNTY STATE
ATTENDING spital or o CTOR: After Stor use os af Health		220.1 certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did i	0810	5 1981		pinian death accurred an the	date and haur and from the couses stated
by the ho by the ho IERAL DIRE State Dept		22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	marial	M	DEGREE ATTENE PHYSIC		TAFF SICIAN A STATE SIGNED
TO HOSPITAL Coetoined by the TO FUNERAL B should be detact with the State D IMPORTANT: If		Arju	ARIA		220 ADDRESS M	TLY:MERE	mo 51818
004BP	(BURIAL, CREMATION, REMOVA	8-10	-81 West	VIEW HEM	PK Catons	suille COUNTY Mad
DHMH - 16 50M 1/76 (VR A 15 (4))	V	UNERAL DIRECTOR UNAME UNITAM C. MI	arch F. t	ADDRESS	. North	AUG 1901	AR 256 PISTRAP'S SIGNATURE



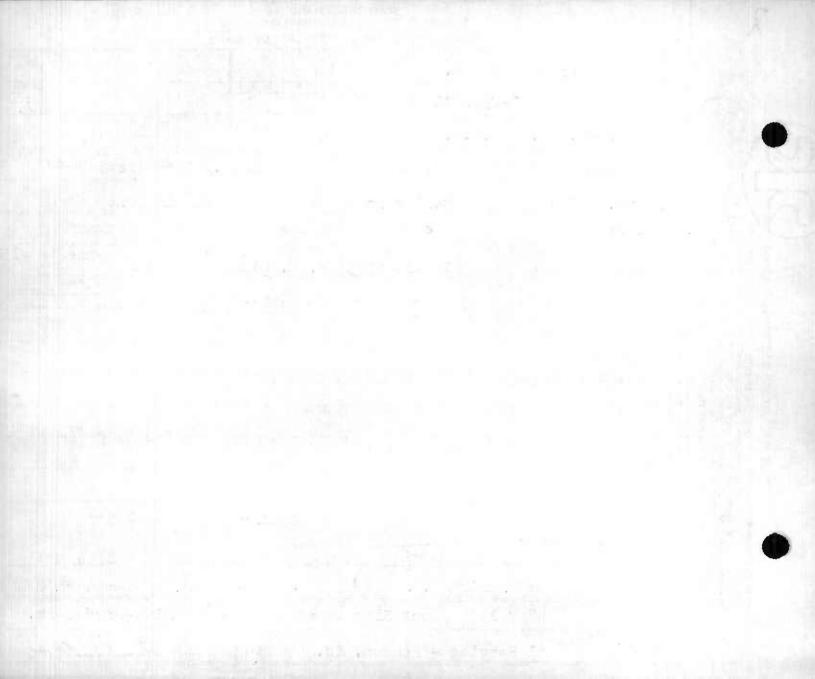
to	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	GIENE TO REG. NO	2 0	103
	(TYPE	CEASED NAME FIRST MA-RY		A STATE OF THE STATE OF	ERSON	8	MONTH DAY	YEAR 26. HOUR -81 10 P. M
(A)	3. SE		White	5. DATE O	DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS	DATS HOURS MIN.
	-	Female RTHPLACE (STATE OR FOREIGN	75 CITIZEN OF WHAT COUN	Sep		9. BALTIMORE CITY O	YRS.	ATH
1 12 55		arvland		MARRIED	NEVER MARRIED			
8 5 4 9 W		TY OR TOWN OF DEATH	U.S.A.	WIDOWEL		Baltimor	-	MD. KIND OF BUSINESS OR
10 10 10		altimore	1513 Pentr	idge Rd		Clerk	F WORKING LIFE) IND	Hospital
filled in ould be	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136, COUN	ROTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OR Bal	TOWN 1	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 1513 Pent	ridge F	Rd.
RYL Vishir 2 sh	14. FA	THER'S NAME	MIDDLE LAS	T	MOTHER'S MAIDEN NA			LAST
MARYL ed with and 2 s		William	B. Glegh		Emma	MIDDLE		Hill
MORE, on and co		VAS DECEASED EVER IN U.S. AR		NC	17. INFORMANT	ADDRE	SS	
More exect		No.	217-	18-6902	Katharin	e J. Jeter	Sam	ne
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician. When this certificate has been signed by the attending physician and completely filled in the ost the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or removal. orked or them 18 shows any injury, or other traumatic event, the medical explaner must be in the content of th	NOI	18 CAUSE OF DEATH (Enter on PART I. DE ATH WAS CAUSE IMMEDIAT Conditions, if ony, which gove rise to immediate couse 10), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)	SEQUENCE OF	Carcino NOT RELATED TO THE TERM			APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH PART I (01
VITAL RECO	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING O YES	FINDINGS USED CAUSES OF DEATH?
SION OF VITAL PHYSICIAN: The ending physician this certificate be burial transit ad Mental Hygie dar Item 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR	PART 2)
DINIG PHYSIC or attending After this cer te as the buriouith and Ment marked at Item	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, O		211 LOCATION STREET	CITY OR TOV	AM CO.	UNIY STATE
ATTENDIN ASpiral or ICTOR: Af for use o of for use o for use o for use o for use o for use o for use o			0- 10-	19 8 , one		, to	te and hour and f	rom the couses stated
by the hor ERAL DIRECT PROPERTY. If the DANT: If the		22b. SIGNATURE	PBenson	Jr. m.	ATTENDING PHYSICIAN	MEDICAL STAF	E	8-22-81
O HOSPITAL etained by the TO FUNERAL should be det with the State		NILLIA M	BENSON			-ALVERT S	TBALTI	MORE, MD.
729	23a. l	BURIAL, CREMATION, REMOVAL		23¢ NAME OF CE	METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN	TY STATE
10/BP		Burial	8-24-81	Parkwo	od	Parkvill	e Balto	ranson-Melon
DHMH-16 30M 2/80		JNERAL DIRECTOR	ADD	RES 4905 Y	ork Rd. 250 DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S	SIGNATURE
(VRA 15, 4)	He	nry W. Jenki	ns & Sons C	o. Balt	o.Md. A	UG 2 3 1981	Manu &	son Hartle

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1	FOR STATE REGISTRAR	DEPARTMENT OF HEA MEDICAL EXAMINER'	TH AND MENTAL HYGIE CERTIFICATE OF DE	0 1	/ 0 3
	DECEASED NAME FIRST TYPE OR PRHNT) Mariar	WIDDIE	หรุ enkins	20 DATE KNOWN AMONTH OF ESTI-DEATH MATED 8	DAY YEAR 25 HOUR 5 81
E	emale White	5. DATE OF BIRTH 6. AGE (IN YEARS I 6. AGE (IN YEAR	UNDER 1 YR. IF UNDER 24 HR.	PRONOUNCED BEAD 8	5 19 81 2d HOUR 5 19 81 2.30
S	henandoah, Pa	U.S.A.	RRIED NEVER MARRIED C	Baltimore (City MD.
3/	CITY OR TOWN OF DEATH Baltimore	II. NAME OF HOSPITAL, NURSING HOME, OR HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS! Baltimore City Hospita	DOA Sec	USUAL OCCUPATION (TYPE OF WORK OR MOST OF WORKING LIFE) Ct./Clerk (ret) PENNESST
13a.	Penna. Snyde	r Selinsgrov Selinsgrov		ireet appress 10 Picnic Lane)
314	Höward	sweyer sweyer	Laura	MIDDLE Kan	ntner
3 160	WAS DECEASED EVER IN U.S. ARM (YES, NO, OR UNKNOWN) (IF YES, GIVE W NONE	AR OR DATES)	· ·	son) ADDRESS liam Jenkins	Same as #13
MEDICAL CERTIFICATION		DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) ONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL O	SEASE OR CONDITION GIVEN IN PART 1 (a).		
CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	WAS PERFORMED?		20 AUTOPSY?
ALCERT		HOUR A.M. MONTH DAY YEAR	HOW INJURY OCCURRED (ENT	ER NATURE OF INJURY IN ITEM 18 PART 1 OR PA	
MEDICAL	218 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	216 PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.)	LOCATION STREET	CITY OR TOWN CO	DUNTY STATE
	22a I certify that took charge	of the remains described above, held an Alcouses XI. And don't Suicide	topsy , Inspection , Unc , Homicide , Unc TITLE (SPECIFY) M.D.Deputy Chiefi	determined monner . DATE	0/5/01
BALTIMORE, MARYLAND, 2120		s D. Smith, M.D.	TODREGG	Street. Baltimo	
	Burial, CREMATION, REMOVAL 23	3/7/1981 West Side		nocation Namokin Dam-St	
(- 17 ME (5))	Fleming Funeral	l Service - Benson	Md.	BY REGISTRAR 256 REGISTRAR'S	Can Martle



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12		tem 4 g559 9/14 FOR - STATE		AENT OF H	OF MARYLAND	IENE 8	20	07
/		REGISTRAR CEASED NAME FIRST	WIDDLE		CATE OF DEATH	REG. NO 20. DATE OF DEATH	D. MONTH DAY YEAR	26 HOUR
1 24	(TYP)	EDWARD	NHI	51	EWELL		8 - 29 - 8	18 PM
1 1	3 SE	×	White White	S. DATE O	F BIRTH 2- Z- \T	6 AGE (IN YEARS LAST BIRT	MONTHS DATE	
Oracle of Park		IRTHPLACE (STATE OR FOREIGN COUNTRY)	16 CITIZEN OF WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY O	o City	MD.
softe rs ofte filed with	1	BALTO.	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET. (INIVERSITY OF	MD.	R OTHER INSTITUTION	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTI	of Business or RY rice Station
AND 215	130. H	ARYLAND AUN	ROTHER INSTITUTION GIVE RESIDED CE BEFORE NTY 13c. CITY OR TOW FAUHELANDAP	N . I	YES NO	130. STREET ADDRESS	ON ROAD	
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DIVISION OF VITAL RECORDS NG PHYSICIAN: The law requi ther this certificate has been sig os the burial-transit permit. The th and Mental Hygiene prior to be orked or them 18 shows any injur	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	YEAR	21c. HOW INJURY OCCURE	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART	?)
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TO HOSPITAL O retained by the TO FUNERAL DI should be defact with the Stote DR IMPORTANT. If F		22d PHYSICIAN'S NAME (TYPE LAUREN A	OR PRINT)	(D	ATTENDING PHYSICIAN [MEDICAL STAF	TO, MD.	21201
PP	1	BURIAL, CREMATION, REMOVAL (SPECIFY) UNERAL DIRECTOR			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	ville "A"A	STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH TYPE OR PRINTI Johns Denton B. 08/24/81 4:18 1 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) July 30" 1907 Negro Male To. BIRTHPLACE INSTATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. Balto City WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (16 NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

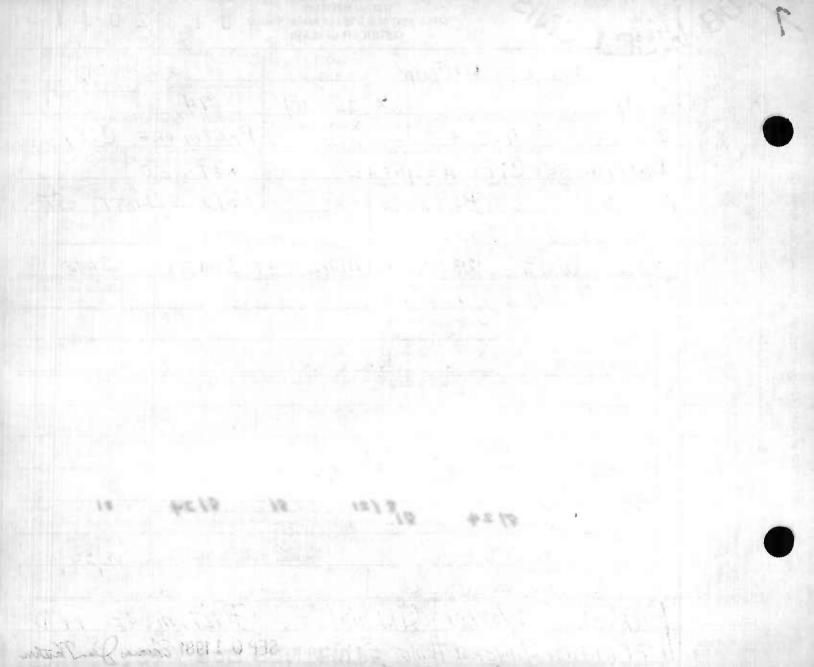
The Johns Hopkins Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore Laborer Beth Steel SUAL RESIDENCE LIF MURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13e STREET ADDRESS Maryland 944 N. Collington Avenue Baltimore 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Baker Willie Hurt Johns 160 WAS DECEASED EVER IN U.S. ARMED FORCES?. 16b SOCIAL SECURITY NO. ADDRESS 17 INFORMANT (IF YES, GIVE WAR OR DATES) 213-07-6400 Doretha Johns/944 N. Collington 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY: Yancvean L Carcinoma 30% DUE TO, OR AS A CONSEQUENCE OF cardisone mone Canditians, if any, which arrest gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last caclexia PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lig. mana 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? aastric outlet obstruction NOIS NO 71a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART) OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH CIE FITHER NOTIFY MEDICAL EXAMINERS PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY AT HOME STREET FACTORY, OFFICE FARM, ETC 1 NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram_ saw the deceased alive an abave, (I) (we) (did) (did not) view the bady after death .19_____, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated 226. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME ITYPE OR PRINT 22e ADDRESS 230 BURTAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 08/28/81 ARBUTUS BURIAL ARBUTUS MEM PARK DHMH - 16 50M 1/B1 MARSHALL W JONES, JR/4101 POREEDMONDSON AVE Carres

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¥ 230 BU	EXAMINER'S (TYPE OR PRI	TION REMOVALE		23c. N	M.D. IAME OF CEM ESTVI	ETERY OR	CREMATO		23d. LO	Stre		alto	· . l		2120 sr M	

THE RESERVE OF THE PARTY OF THE CARLOLAN PRIETRIES

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	1.	FOR STATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	GIENE 8	20/10
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of State of	230	SURIAL CREMATION, REMOVAL	236 DATE 234	MME OF CEMETERY OR CREMATORY	236 to SATION	COUNTY
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DHMH-16 25M	24/8	UNERAL DIRECTOR	Ful - ADDIES	3218 250 DA	EP 0 1 1981	25h REGISTRAR GIGNATURE
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FOR

THE R. LEWIS CO., LANSING

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST 20. DATE KNOWN (TYPE OR PRINT) ESTI-Helen DEATH MATED M. Johnson 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED Female White Jan. 14,1895 DEAD 86 YRS 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md. U.S.A. WIDOWED X DIVORCED Balto. City, 12s USUAL OCCUPATION (TYPE OF WORK II. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Greater Balto. Medical Center Towson Homemaker USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 13e STREET ADDRESS LISE COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Md. Baltimore 189 Hollen Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Charles Klutch Emma Sechrist 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) No 220-52-3621 Mrs. Louise Cole, 6018 Bellona Ave. 18 CAUSE OF DEATH (Enter only one couse per line for BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In 198 DATE OF OFERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20 AUTOPSY? BUR YES [DEPARTMENT HOUR A.M. MONTH DAY 214 PLACE OF INJUI 21f. LOCATION STREET CITY OR TOWN COUNTY NOT WHILE AT WORK AT WORK EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PY AFTER DEATH, WITH THE STABLEWORE, MARY (JAND, 2) 22a. I certify that I took charge of the remains described above, held an Autapsy Inspection ond in my opinion DATE (EXAMINER'S NAME (TYPE OR PRINT) 236 NAME OF CEMETERY OR CREMATOR Ch. 23d. LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY Md. 8/26/81 Govans Presbyterian Cem. Baltimore Burial BY REGISTRAR 236 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** Mitchell-Wiedefeld Home, Inc.,6500 York Rd. (VR A15 ME (5) 15M 2/80

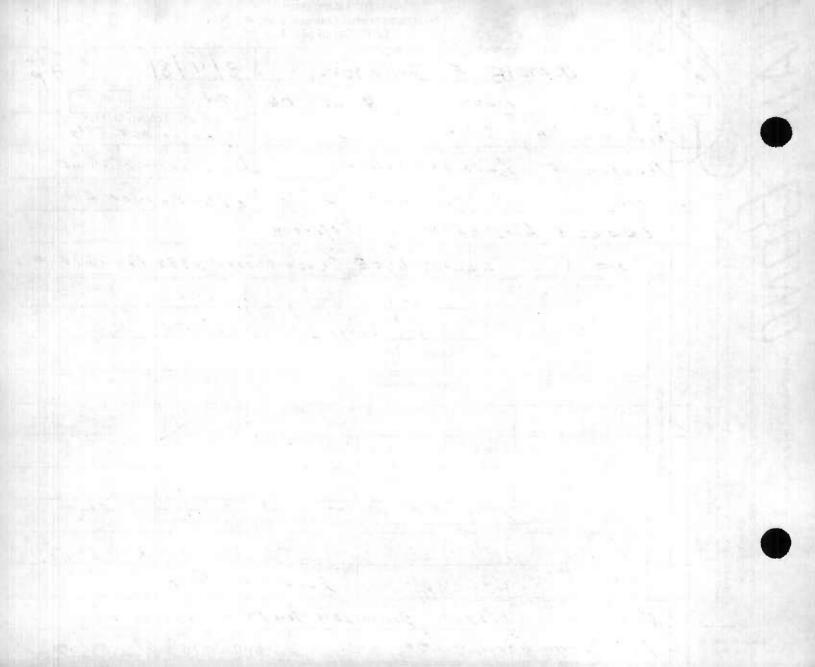
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DHMH-16 20M (VRA 15, 4) 7/78		NAME UPG44	FIREDON L	LAME 3/3/1/10	10120	2-11-12-	AUG 1 8 1981	Manu Que	en Rastle

STATE OF MARYLAND

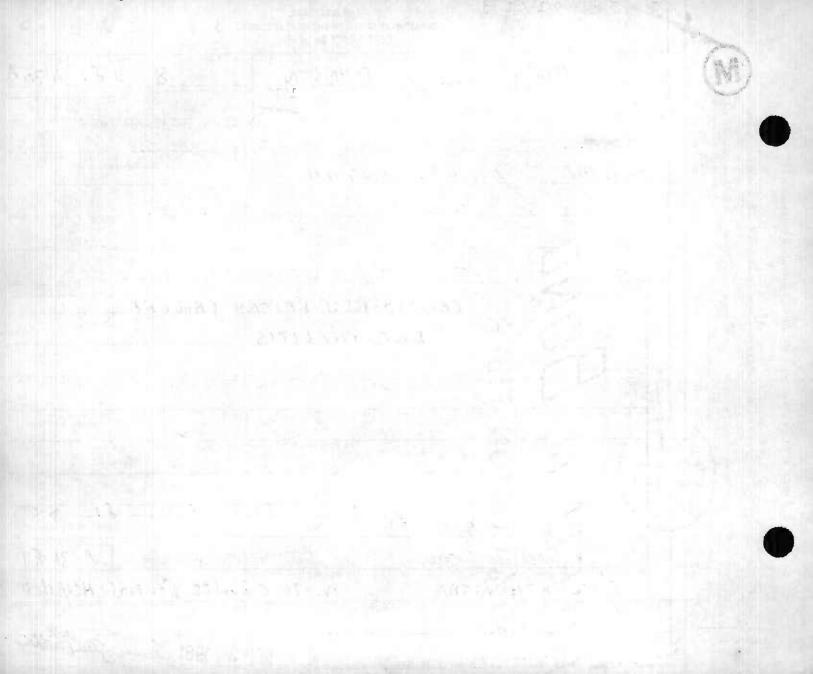
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE R STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. * DECEASED NAME 20 DATE OF DEATH (TYPE OR PRINT) A AGE IN YEARS LAST BIRTHDAY IF LINDER 1 YEAR 3 SEX 06 22 RIRTHPLACE (STATE OR FOREIGN THE CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED LYIMBRE Coto ETERSBUZG WIDOWED DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR TOWN OF DEATH 17h, KIND OF BUSINESS OR FOF WORK FOR MOST OF WORKING LIEE) SOLTIMUNE MARYLAND 21201 JUSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESSO BETIMONE 15 MOTHER'S MAIDEN NAME 14_FATHER'S NAME MIDDLE CHARLIE ANDERSONS MATTIE ST., BALTIMORE, 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. 17 INFORMAN GRACE WILSON 1938 PENROSE (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 226-07-6605 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for 10), (belond to PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) W. PRESTON DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/0 DIVISION OF VITAL RECORDS, CERTIFICATION 0 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? YES [NO [sha Mental Hygi 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) ∞ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ltem MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M II LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE WHILE AT WORK AT WORK 22a.1 certify that (I) (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (our) opinion death occurred on the date and haur and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATUR DEGREE MEDICAL PHYSICIAN MPORTANT: DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 77e-ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY STATE 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/76 (VR A 15 (4))

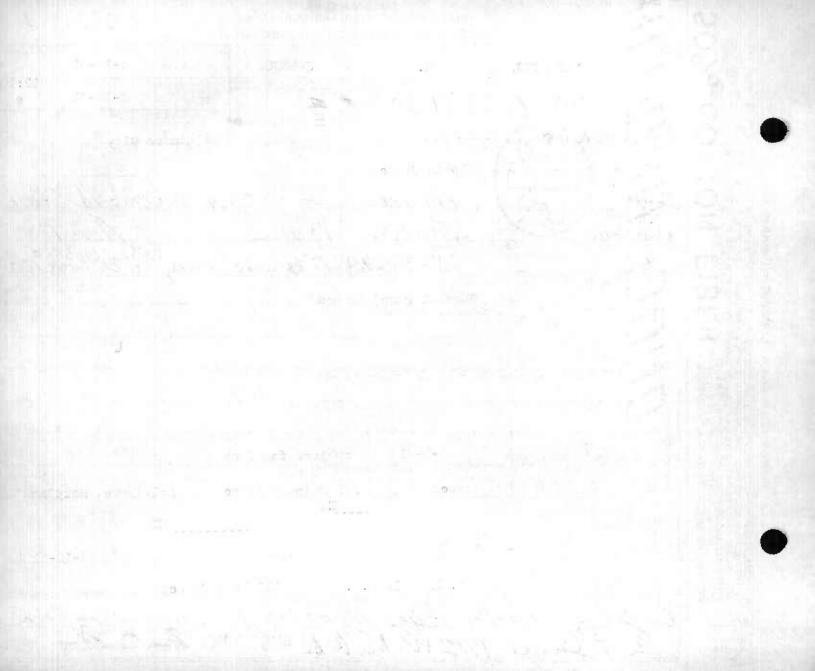


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W.C. MARCH F/H 1101 E. NORTH-AVES



	1.	FOR STATE REGISTRAR	0 0/-0/0	DEP	ARTMENT OF H	E OF MARYLAND BEALTH AND MEN ER'S CERTIFIC	NTAL HYGIEN	Q _L	2 0	11	7
PLEASE FICS. PURS MREET,	(TYP		MURRE LL		R.		HNSON	2a. DATE KNOW OF ESTI- DEATH MATER	8-10	0-81 ₉	2b HOUR
90 AV 66000	76 B	ale bla	ck MON	TIZEN OF WHAT	YEAR LAST BIRTHDA	MONTHS DAYS	F UNDER 24 HRS.	PRONOUNCED DEAD P. BALTIMORE CI		0-81 ₉	a _M
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MD. 21201 FH. IF ANY 1, 2, AND 3 A. SETAI 2, S. SETAI 3, S. SETAI 1, 2, S. SETAI 1, 3, S. SETAI 1, S.	N	ATHER'S NAME	MIDDL	· · · · · · · · ·	SALLIMOL	15. MOTHER	NO 125	LG W. M	Combe	red 51	rect
". BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY IS NECESSARY, B. GIVE PAGES 1, 2, AND 3 TO THE FUNERALD WITH FORM PM. 3. RETAIN PAGE 5 FOR T. PAGES 1 AND 2 SHOULD BE FILED, WITHIN DIVISION OF WIAL RECORDS, 201 W, PRE\$TO	16a. V	VAS DECEASED EVER IN ES. NO. OR UNKNOWN)	4	PRCES? 16	DANSON SOCIAL SECURITY	NO. 17. INFORMA	lise	ADDI	FY 19 2	URS T	d. 1
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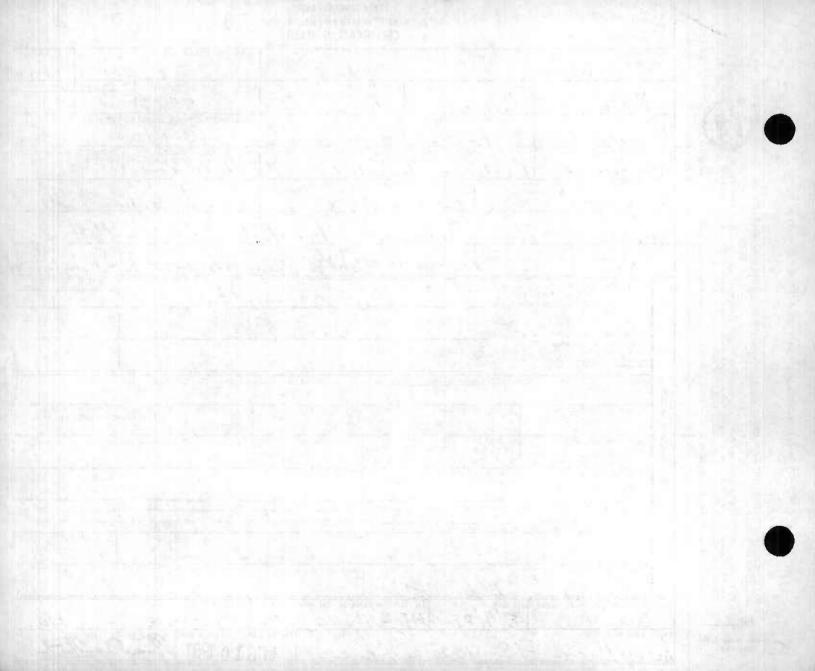
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230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CHYOR TOWN COUNTY STATE BULLS 12.1 9-2-81 Baltimore County Baltin March 24 FUNERAL DIRECTOR 250 DATE REC D. BY REGISTRAR 25b. R			22d. PHYSICIAN'S NAME (TYPE C	OR PRINT)		Z DINECTON THIS	1011	
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16	1.	FOR - STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	2071	1 9
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the medicol		NAS DECEASED EVER IN U.S. A YES, NO OR HUKNOWN) (IF YES, G	IVE WAR OR DATES)	8-10-5515	Margaret John	nson 5023 Ch	s algrove Avenue	е
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IMPORTANT: If	-	. TERES	A TIFFE		3405 Green		, Balto, MD	2121
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8 sh	- E	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY 21c. HOW	INJURY OCCURRED (ENTER NA		
Mental Hy or Hem 18		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH DAY YEAR			
Wei h	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY 211. LOCA			
oith and marked	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	EET	CITY OR TOWN C	OUNTY STATE
mar mar			ital) attended the deceased from 2/2	10 11 10	8/3 10 0	that (I) (we) last
f He				ny) (our) opinion death occurre	d on the date and hour and	,
hem?		22b. SIGNATURE	ot) view the body ofter death. DEGREE		1	71. DATE SIGNED
- ±		1 / 1000	mand Milliam ma	ATTENDING MEDICAL	STAFF	9/2/01
TANT.	┨	22d. PHYSICIAN'S NAME (TYPE	RINT) 22e ADDR		PHYSICIAN	0/3/81
With the State		mouse	CEVELS MAN M			1
with the	22	1110156)	GODIC MIMILIAM			
	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY) BUILDIAL	1 m / m / 1 1 1 m n	10 m	ORTOWN COU	NTY STAJE
-			8/1/8/ MT. GUBUR		itinorre	Ma.
A 2/80 4)	17	UNERAL DIRECTOR	Ild Consoders for	25a. DATE REC'D. BY R	EGISTRAR 251 AFGISTRARS	SIGNATURE TO
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1 -			TATE OF MARYLAND	
1-	FOR STATE		F HEALTH AND MENTAL HYGIENE	20/21
1.00	REGISTRAR ECEASED NAME FIRST	MEDICAL EXAM	INER'S CERTIFICATE OF DEATH REG. I	
(TY	(PE OR PRINT)	1	20. DATE KNOWN	
3. SE	Rodr		Johnson DEATH MATED	8 25 19 81 M
		MONTH DAY YEAR LAST BIR	THDAY) MONTHS DAYS HOURS I MIN PRONOUNCED	, Za nook
	male black	May 11, 54 8;		8 25 19 81 8:07 OR COUNTY OF DEATH am
1	STOCK COUNTRY)	715b	MARRIED NEVER MARRIED	
10 C	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HO		nore City MD. YPE OF WORK 12b. KIND OF BUSINESS
	altimore	University Hos	SS) EOM/ROST OF WORKING HEE)	OR INDUSTRY
USU	AL RESIDENCE (IF IN HURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADM	ISSION)	woo
130	STATE 131. COUN	13 Seven		t- p0
14. F	ATHER'S NAME		15 MOTHER'S MAIDEN NAME	more Ad
17	homas	F Johnson	a as he trees	Queen
160.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECU	RITY NO. 17. INFORMANT 308 2ADDRE	enstown Rd
1	20 OK GRANOWN) (IF YES, GIVE	220-51	-8195 arbutus 2 matt	hus
	18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED	DBY: Multiple i	njuries	BETWEEN ONSET AND DEATH
5	8141	DUE TO, OR AS A CONSEQUENCE	CE OF	
1	Conditions, if ony, which gove rise to immediate	(b)		
	cause (a) stating the <u>under</u> - lying cause lost.	DUE TO, OR AS A CONSEQUENCE	CE OF	
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,	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH RUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVEN IN PART 1 ol.	
CERTIFICATION	190, DATE OF OPERATION			
PICA.	190. DATE OF OPERATION	196. CONDITION FOR WHICH OF	PERATION WAS PERFORMED?	20 AUTOPSY?
E	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	210 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM	YESX NO [
110		HOUR A.M. MONTH DAY YE	AR I	
MEDICAL	CONTRIBUTING CAUSE OF E	DEATH 5:59 KK 8/25 19	81 pedestrian struck by vehicl	.e
ME	WHILE AT WORK AT WORK	street, Factory, Farm, etc.) roadway	STREET CITY OR TOWN	COUNTY STATE
			QueenstownRoadNearCedarLane	, AACounty, MD
	/	e of the remains described obave, held or		ond in my opinian
6	deoth resulted from: Notur	al causes , Accident XX	Suicide, Homicide, Undetermined manner	
	ACTUAL ACTUAL	Mario	TITLE (SPECIFY) Assistant	DATE 8/25/81
0	SIGNATURE		M.D. MEDICAL EXAMINER	SIGNED
4	EXAMINER'S NAME HOT	mez R. Guard, M.D.	ADDRESS 111 Penn Stree	t,Balto.,MD 21201
23a.B	(CACCOMPANY)		ADDRESS 111 FEITH SCIEN	7,201101,1111 21201
10	3 terical	8/29/81 artru	tur man PK Babeller	Balta and
14	UNERA) DIRECTOR	0	250. DATE REC'D. BY REGISTRAR 256. REC	GISTRATA SIGNARDIA
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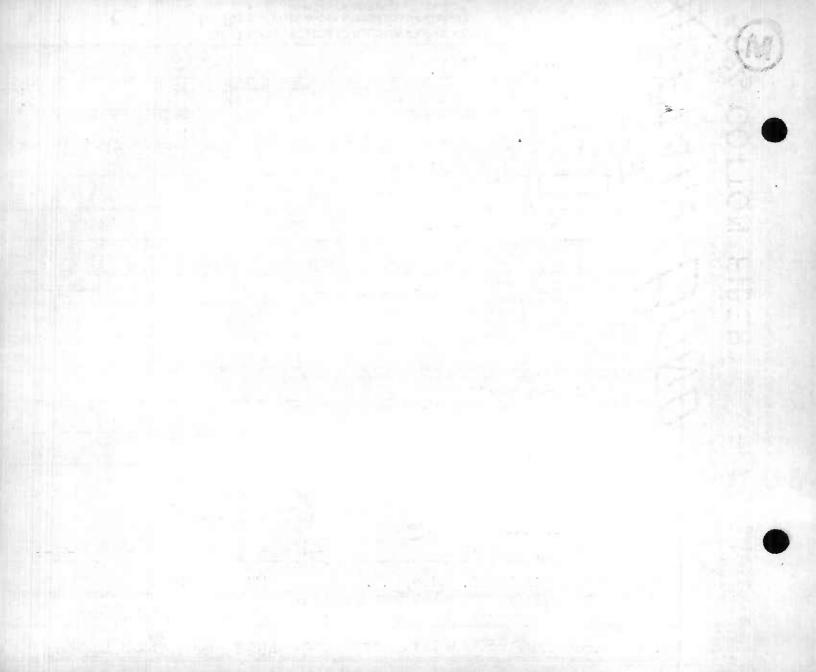
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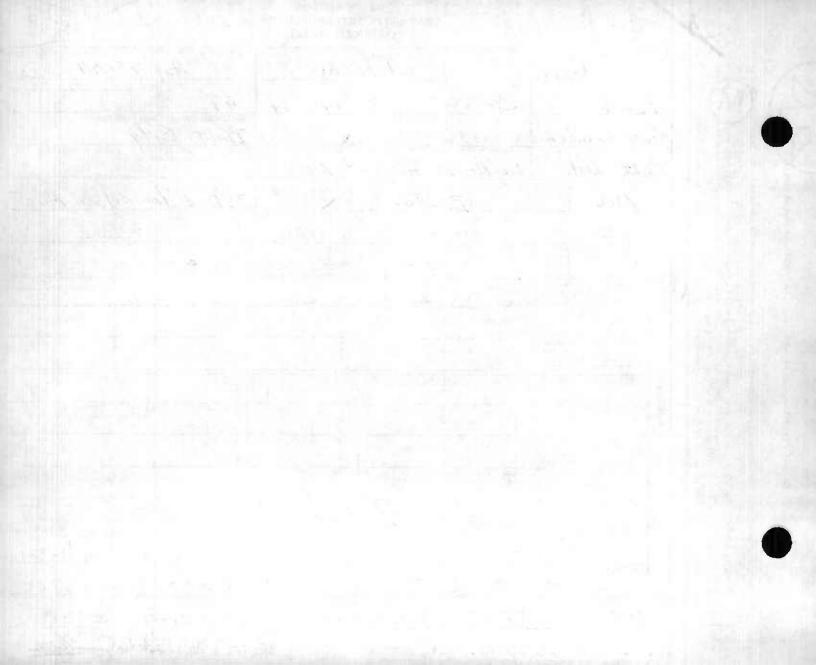
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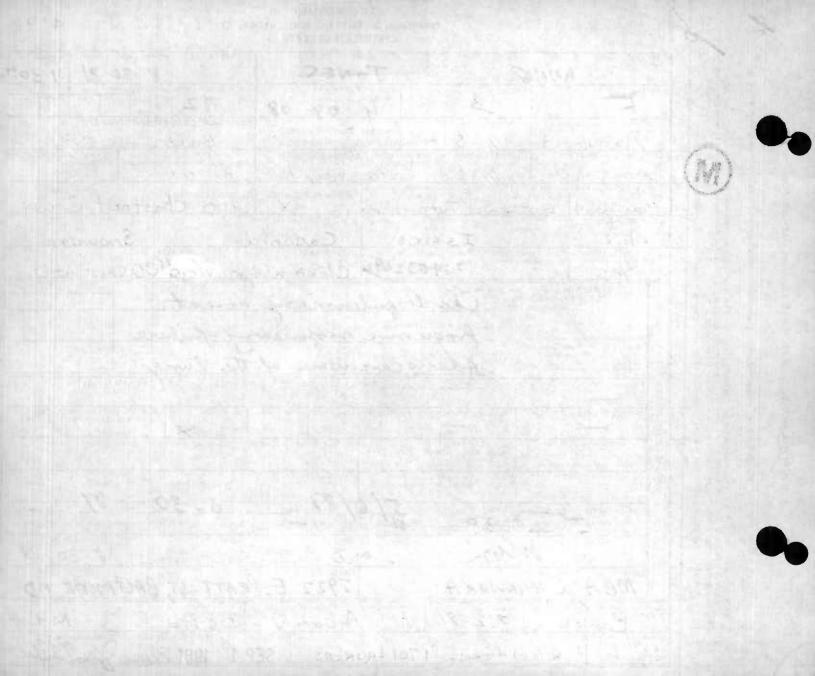
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W SE	1. DE	CEASED NAME E OR PRINT)	FIRST Will		MIDDLE .		Johnson	Sr.	20. DATE KNOWN OF ESTI- DEATH MATED	MONI		YEAR 81	26 HOUR
IS NECESSARY, PLEASE FUNERAL DIRECTOR E 5 FOR YOUR FILES. 15. WITHIN 72 HOURS I W. REESTON STREET.	3. SEX	ale	Black	S. DATE OF BIR	RTH PAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 63YRS.	IF UNDER 1 YR.	HOURS MIN	S. 2c DATE PRONOUNCED DEAD	MONTH 8	DAY .	YEAR 1981	24-HOUR 7:46 a. M
MD. 21201 H. IF ANY DELAY IS NECESSARY, PII, 2, AND 31 OT HE FUNERCL DIRECT AN 3. RETAIN PAGE 5 FOR YOUR FOUR FOUR PECORDS, 201 W. PRESTON STREET	FO	RTHPLACE (STA REIGN COUNTRY) Pa TY OR TOWN O		U. S	• A •	w	IDOWED	/ER MARRIED DIVORCED			NTY OF DE	EATH	MD.
ELAY IS TO THE F PAGE SE FILED		Baltimor	е	(IF NOT IN SUC	7 Cecil	Avenue	OTHER INSTITUT		SUAL OCCUPATION OR MOST OF WORKING LIFE)		OR I	D OF BUS	INESS
E ANY DAND 3 AND 3 AND 3 RETAIN RECORD	13a. S	AL RESIDENCE (IF	13b COUN	OR OTHER INSTITUTIO NTY	N. GIVE RESIDENCE	ORTOWN Timore	13d. INSIDE (II YES 🔀	TY LIMITS? 13e S	reeladdress 907 Cecil	l Ave	•		
BALTIMORE, MD. S. AFTER DEATH. IF GIVE PAGES 1, 2, I'TH FORM PM 3, I'TH FORM PM 3, I'SION OF VITAL	Z	ATHER'S NAME FIRST Arthur		WIDDIE	John		FH	R'S MAIDEN NAM	MIDDLE		(A	AST	
T., BALTIMORE, M URS AFTER DEATH 8. GIVE PAGES I, WITH FORM PM, IT. PAGES I AND DIVISION OF VID	16a V	VAS DECEASED ES, NO. OR UNKNOW NO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)		ial security no			nnson 190		cil.	Ave.	
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TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGA AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120		220 I certify death resulted ACTUAL SIGNATURE EXAMINER'S N.	fram Natu	ge of the remains ral causes XX LO irginia	Accident	, Surcide	TITLE (SP	ecify) stant me	Inquiry XX. etermined manner [DICAL EXAMINER Penn Stree	and in my DAT SIGN	E 8	-20-8	81
0 NB		JRIAL, CREMATION PECIFY)		23b, DATE 8/25/8			RYOR CREMATO	etery A	location tyortown nne Arun	del c	Count	у, М	Мd.
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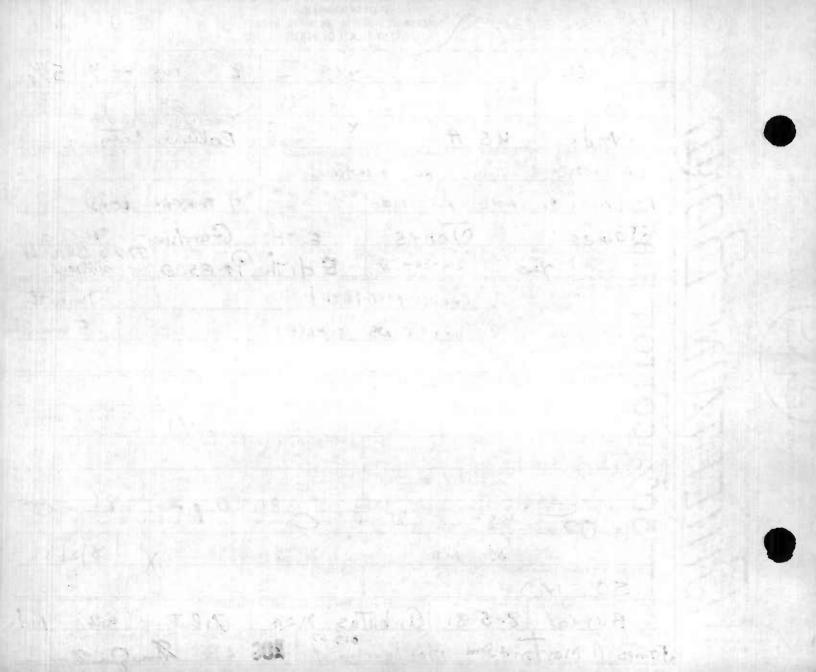
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	1.	FOR STATE		DEPARTMENT OF HEALTH AND MENT CERTIFICATE OF DEAT		20125
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	3. SE)	WINNIE	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BI	
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3 <	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	OR OTHER INSTITUTION, GIVE RESIDE	OR TOWN 13d. INSIDE CITY LIV	AITS? 13 STREET ADDRESS	duoNdson Aus
	14 FA	THER'S NAME	WIDDLE	15. MOTHER'S MAIL	DEN NAME	
90		William	Wilkin	son Salli	-e	Wilkinson
1	16a V	VAS DECEASED EVER IN U.S. A	VE WAR OR DATES!	IAL SECURITY NO. 17 INFORMANT	ADDI	
		(ES, NO OR UNKNOWN) (IF YES, GI	214-	20-8480A Brenda Gl	adden 849 Brad	Shurst Road APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate	(b)			
	FICATION	couse (0), stating the underlying couse lost PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION		ONSEQUENCE OF ING TO DEATH BUT NOT RELATED TO THE R WHICH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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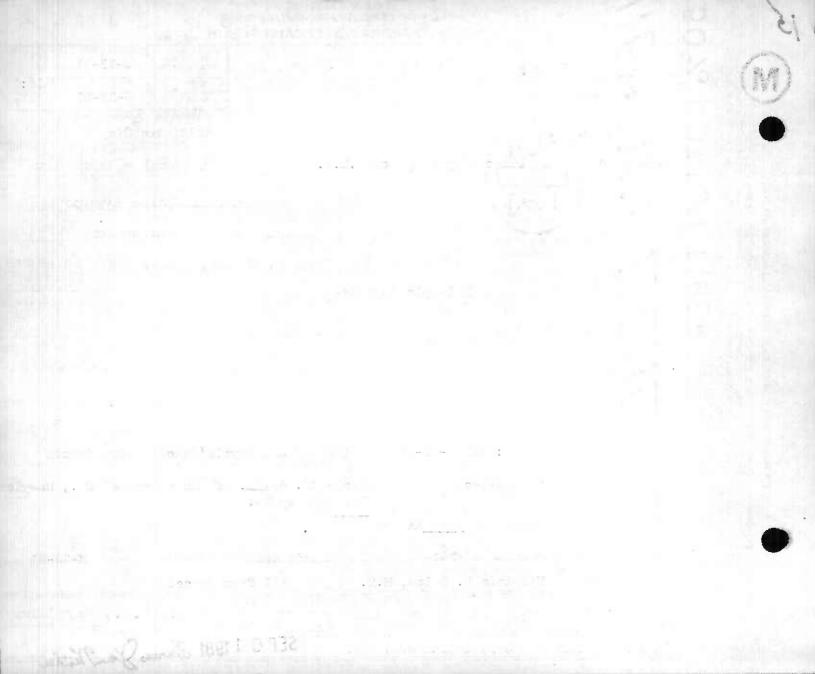
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STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 0. DATE KNOWN (TYPE OR PRINT) **Berkley** Jones DEATH MATED Eugene . Jr. 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) RONOUNCED 8-23-81, ma 1e white Feb. 1941 4 OYRS DEAD To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED Wash. USA D. Baltimore City DIVORCED II. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE)

Sheet Metal - Mechanic University Hospital S.T.U. Baltimore USUAL RESIDENCE (IF IN NURSING HOMBOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13h COUNTY 13c. CITY OR TOWN 13d THSIDE CITY LIMITS? 13e. STREET ADDRESS Md. Forestville NO 2514 Millvale Avenue YES . 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Jones, Sr. Elizabeth Eugene Faulconer 16b. SOCIAL SECURITY NO. 168 WAS DECEASED EVER IN U.S. ARMED FORCES? June D. Jones, Wife, Same as Above 579-52-9270 Yes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In MENT OF HE 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO | 21a. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING YOR driver of motorcycle/fixed object impact CONTRIBUTING CAUSE OF DEAT 211 LOCATION TIE PLACE OF INJURY Deale Rd. 497ft. of Anne Arundel Co., Marylan WHILE AT WORK street Herring Bay Rd. 22a I certify that I took charge of the remains described above, held on and in my apinion Accident XX Undetermined manner deoth resulted fram: Notural couses TITLE (SPECIFY) M.D. Accictant MEDICAL EXAMINER EXAMINER'S NAME TO ME EXECUTED PAGE TO FUI AFTER I Virginia L. Dolan, M.D. 111 Penn Street TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Suitland, P.G., Maryland (SPECIFY) Burial Cedar Hill Cemetery 8-28-81 4308 Suitland Date REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE and Md. SEP 0 11981 24. FUNERAL DIRECTOR Robt E Wilhelm 1 1981 **DHMH-17** Rd., Suitland, Md. Funeral Home (VR A15 ME (5)) 15M 2/80



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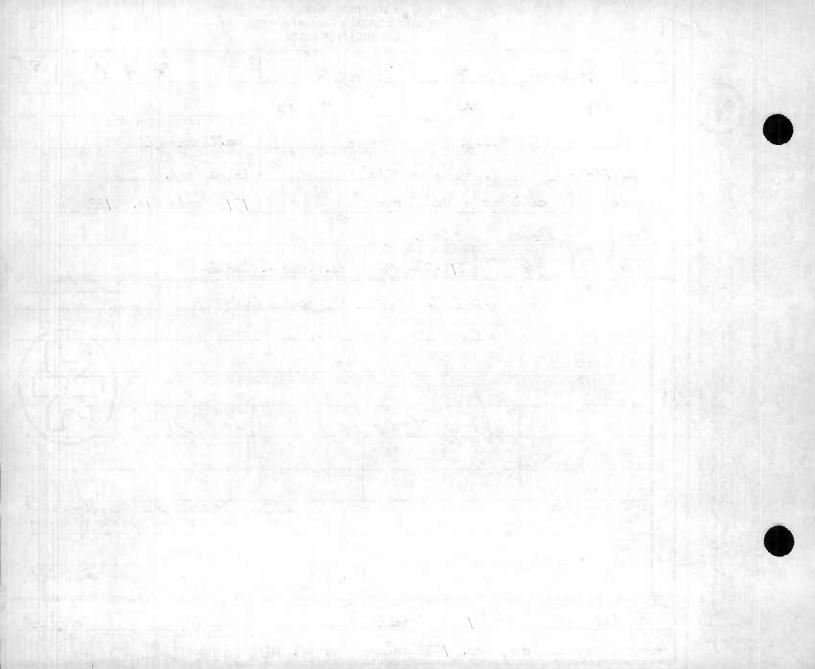
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

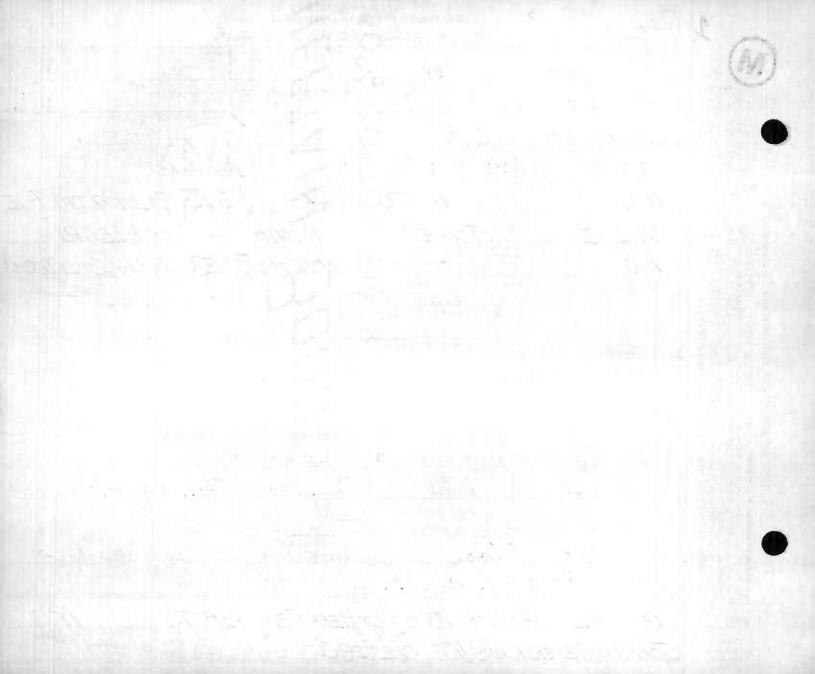
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	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 1 2	0/33
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0 0 D	3 SE		RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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1 11 10	10 C	ITY OR TOWN OF DEATH	 NAME OF HOSPITAL, NURS IT (IF NOT IN SUCH FACILITY, GIVE STREET 	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	12b. KIND OF BUSINESS OR
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bw reconstruct. T	CERTIFICATION	190 DATE OF OPERATION	TION CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
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OR ATTEN OR ATTEN DIRECTOR: oched for us Dept. of He		saw the deceased alive an	8/16 19		death occurred on the date and ha	, , , , , , , , , , , , , , , , , , , ,
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OR A DIRECTOCHED DIRECTOCHED TO THE	100		Un 1.	AN O ATTENDING	MEDICAL STAFF	III. DATE SIGNED
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B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (PNOTE SUCH ACIDITY, ONE STREET ADDRESS) 15. NORTH SUCH ACIDITY, ONE STREET ADDRESS 15. NORTH SUCH ACIDITY, ONE STREET ADDRESS 15. NOTHER SIGNATURE (FIRM MORRING LIPE) 13. STATE 13. STATE 13. STATE 13. COUNTY 13. STATE 13. MODILE 13. MODILE 13. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 15. MOTHER'S MAIDEN NAME 16. WAS DECABSED EVER IN U.S. ARMED FORCES? (PES, NO, OR UNKNOWN) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: 18. MADDIATE CAUSE (b) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) 19. DUE TO, OR AS A CONSEQUENCE OF (b) 19. DUE TO, OR AS A CONSEQUENCE OF (c) 19. DUE TO, OR AS A CONSEQUENCE OF (c) 19. DUE TO, OR AS A CONSEQUENCE OF (c) 19. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTO YES 21. HOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR AWX MONTH DAY YEAR ONN BILL OF THE NATURE OF INJURY HOUR AWX MONTH DAY YEAR ONN BILL OF THE NATURE OF INJURY HOUR AWX MONTH DAY YEAR ONN BILL OF THE NATURE OF INJURY (A HOME. 21. LOW INJURY OCCURRED (ENTER NATURE OF INJURY HOUR AWX MONTH DAY YEAR ONN BILL OCATION 21. LOW INJURY OCCURRED (ENTER NATURE OF INJURY (A HOME. 21. LOW INJURY OCCURRED (ENTER NATURE OF INJURY INJURY (A HOME. 21. LOW INJURY OCCURRED (ENTER NATURE OF INJURY INJURY (A HOME. 21. LOW INJURY OCCURRED (ENTER NATURE OF INJURY (A HOME. 21. LOW INJURY OCCURRED (ENTER NATURE OF INJURY (A HOME. 21. LOW INJURY OCCURRED (ENTER NATURE OF INJURY (A HOME. 21. LOW INJURY OCCURRED (ENTER NATURE OF INJURY (A HOME. 22. LOW INJURY OCCURRED (ENTER NATURE OF INJURY (A HOME. 23. LOW INJURY OCCURRED (ENTER NATURE OF INJURY (A HOME. 24. LOW INJURY OCCURRED (ENTER NATURE OF INJURY (A HOME. 25. LOW INJURY OCCURRED (ENTER NATURE OF INJURY (A HOME. 26. LOW INJURY OCCURRED (ENTER NAT	
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136. COUNTY	
The content of the course of t	ue
NO NO NO NO N/A Daisy Jones 1510 Rutland Ave APPROXIMATED ATT I DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stab Wound of head DUE TO, OR AS A CONSEQUENCE OF Outer To, OR AS A CONSEQUENCE OF USE TO, OR AS A CONSEQUENCE OF Outer To, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR APPROXIMATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR 2116. TIME OF INJURY HOUR AWAY MONTH DAY YEAR Subject stabbed. 2116. PLACE OF INJURY APPROXIMATED TO THE TERMINAL DAY YEAR Subject stabbed.	
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stab WOUND of head DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING WOR CONTRIBUTING OF INJURY HOUR AWAY MONTH DAY YEAR ONTHING CONTRIBUTING CAUSE OF DEATH 1:57.M. 8-15-19 81 Subject stabbed.	
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DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b)	MATE INTERVAL
Conditions, if any, which gove rise to immediate couse (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE OR CONDITION TO THE TERMINAL DISEASE O	
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AT WORK AT WORK A home 1510 Rufland Ave., Balto.	Md.
27a Certify that taak charge of the remains described above, held an Autapsy K., Inspection ., Inquiry, and in my apinion	
death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	
TITLE (SPECIFY)	
1 1.07000	-16-81
M.D. TIGOTES TOTAL MEDICAL EXAMINER SIGNED	, , , ,
EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St.	
136. BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY Burial 8/19/81 Baltimore Cem. 236. Date Baltimore	STATE
	MD
24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR BY REGISTRAR'S SIGNATURE NAME Wm. C. March F/H ADRESS 150. DATE REC'D. BY REGISTRAR BY REGISTRAR'S SIGNATURE AUG 18 1981	
Wm. C. March F/H 1101 E. North Ave. AUG 18 1981 France Que March	

I - Marker My

P	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	2 0		3 3
		CEASED NAME FIRST	A	IDDLE	L	AST		MONTH DAY	YEAR	2b. HOUR
3 25	(TYPE	Lawrence	.7	3	0	snes		8 6	81	7 45 DM
1	3. SE		4 RACE		5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER 1 YEAR	IF UNDER 24 HRS
(周月)		male	negr	oid	MONTH	DAY YEAR	73.	YRS	HS OAYS	HOURS MIN
2 6 2	7a. BI	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF V	VHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY O		DEATH	N 24 27-1
1 1 33		VA.	1.5	S. A.	WIDOWE	_	CITY			MD.
1 1 201	10. C	ITY OR TOWN OF DEATH		OSPITAL, NURSIN		ROTHER INSTITUTION	120 USUAL OCCUPATI		26. KIND OF	BUSINESS OR
by t filled		BALTO	DA LTO	3 CITY	H	ospital	Crave 0		Beth '	STEEL
4 hourst be ust be	130 S	AL RESIDENCE (IF NURSING HOME)	NTY	GIVE RESIDENCE BEFORE	AOMISSION)	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS		n- 1	Rd.
IAN in 24 fills, should should		MD. 13	ATTO	Turne	rs	YES NO		llers	11.	74.
MARYI and 2 cond 2 con	14. FA	TONES	MIDOLE Ja	NES		S FIRST	WE	J	CALE	
SE, A		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE		0 / 1/2	. ~>
BALTIMORE, MARYLAND 2120 cote be executed within 24 hours yysicion and completely filled in by apers. Pages 1 and 2 should be fille you. int, the medical examiner must be no	(YES, NO OR UNIKNOWN) (IF YES, GI	IVE WAR OR DATES)	227-20	-5381	Mrs. Elizab	10th Jones	208	Selle	
BALI zote aperia wol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per l	ine for (a), (b), on	d icil				APPROXIM BETWEEN OF	NATE INTERVAL
			ATE CAUSE (0)	ardia	pl	ilminary c	irrest			
e death ce ottendin move corb		4275	DUE TO, OR	AS A CONSEQUE	NCE OF					
RESI dec nove notion frour		Conditions, if any, which gave rise to immediate	(b)							
DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certificate this certificate has been signed by the ottending plos the buriol-transit permit. Then please remove carbon in and Mental Hygtene prior to buriol, cremotion, or remained or them 18 shows any injury, or ather traumatic even		couse (a), stating the underlying couse last	DUE TO, OR	AS A CONSEQUE	NCE OF					
2DI es th ned l pleo uriol		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	N PART 1(0)	
RDS,	NO O	# 1 perts	enoin							
beer remit.	CERTIFICATION	190 DATE OF PERATION	19b. CONDIT	ION FOR WHICH	OPERATIO	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE	ERE FINDING	SS USED
ON OF VITAL R HYSICIAN: The In ding physicion. is certificate hos buriol-tronsit pe Mental Hygiene or Item 18 shows	TIF						YES NO	YES Y		NO [
AN: JAN: Jahysic ficote frons 118 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	21b. TIME OF	NONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1	OR PART 2}	
SICIA certification of the second of the sec	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M	۸.	19					
DIVISION OF VITAL R NDING PHYSICIAN: The I standing physicion. R: After this certificate has use as the burial-transit pe tealth and Mental Hygiene is marked or item 18 shows	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE C	FINJURY ET, FACTORY, OFFICE, F	ARM, ETC.)	211. LOCATION STREET	CITY OR TOW	'N C	COUNTY	STATE
DING or att Se os th		AT WORK			-000					
END olo olo OR: A Heal		220.1 certify that (1) (this has sow the deceased alive a		deceased from_	256		to le Clu	, 17		nat (I) (we) last
OR ATTEN OR ATTEN DIRECTOR sched for u Dept of He		obove, (1) (we) (did) (did r	not) view the body o	ofter death.		d that in (my) (our) opinion	death occurred on the do	nte ond hour one		
ral OR A y the hosi Ral DIREC detoched ote Dept		1 La Paris K	2	1	il	ATTENDING _	_ MEDICAL STAI		22c. DATE S	GNED
ERAL e det		22d. PHYSICIAN'S NAME (TYPE	ACCITATO	7	17	PHYSICIAN [DIRECTOR PHYSIC	IAN DE	6 cm	01
TO HOSPITAL retorned by the TO FUNERAL is should be deto with the Stote important: if	1	Maleria	Brack.	oH		Raltinar	City A	lac pit	al	
Show show	23n F	BURIAL, CREMATION, REMOVA	AL 23b. DATE	127. N	JAME OF C	EMETERY OR CREMATORY	1234 LOCATION	03/201	-/	
BP	1	The state of the s	8-17	-81 /	11	G PARK	RANDANI	STOWA		d STATE
DHMH - 16 50M 7/77	24 F	JNERAL DIRECTOR		0. 1.7			E REC'D. BY REGISTRAR			(
(VR A 15 (4))	1	AS A MARTA	V & Same	ADDRESS	10	irens ST.	ALIC 1 0 100	22	0	N.

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the state of the contract of t of Hynerical Community of the Community The Property of the Party of th

6	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 REG. NO	20/3/
oy be loge 3 deoth	1. DE (TYPE	CEASED NAME FIRST	E. JONES	LAST	26. DATE OF DEATH 8-3-	MONTH DAY YEAR 76 HOUR
4 moy b tor, poge ofter deoi	3 SE		4 RACE	S. DATE OF BIRTH MONTH OAY 3-9-1918	6. AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS MIN
and Popularies 27 hours	C	RTHPLACE (STATE OR FOREIGN OUNTRY) ARYLAND	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	- 19 BALTIMORE CITY OF	R COUNTY OF DEATH
- + (M)		BALTO.	11. NAME OF HOSPITAL, NURS IN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 176. KIND OF BUSINESS OR INDUSTRY
ND 2120 24 bauer 24 bauer 25 bauer 26 bauer 27 bauer 28 bauer 29 bauer 29 bauer 29 bauer 20 bauer 21 bauer 21 bauer 22 bauer 23 bauer 24 bauer 25 bauer 26 bauer 27 bauer 28 b	130.		R OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION) /N 13d. INSIDE CITY LIMITS	5? 13e. STREET ADDRESS	RADFORD ST.
d within d within ppletel	14 FA	WILLIAM J	MIDDLE REYNOLDS	15 MOTHER'S MAIDEN		Ey
MORE, Mond com		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECU	17 INFORMANT 8192 W. Vera		355 310 St. Monica Drive APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DS, 201 W. PRESTON ST., B quires that the death certifica signed by the ottending phy hen please remove carbompol to buriol, cremotion, or removiury, or other traumatic event	NO	PART I. DEATH WAS CAUSI IMMEDIA 4/00 Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU (c)	ENCE OF		
RECOR low re- os been sermit. T	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL NG PHYSICIAN: The other this certificate has the buriol-tronsif if the ond Mental Hygier orked or Item 8 show	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE		AY YEAR 19 211 LOCATION	CURRED (ENTER NATURE OF INJUR	
OR ATTENDI e hospitol or DIRECTOR: A ched for use Dept. of Heal		22a I certify that (I) (this hosp	oital) attended the deceased from 5-11 19-01) view the body after death.	DEGREE ATTENDIN PHYSICIA	IG MEDICAL STAF	te and hour and from the causes stated 22c. DATE SIGNED FIND 8-6-81
TO FUNERAL should be deto with the State IMPORTANT: IF		W. DUNCA	N Mc CLEAR	<i></i>		IE AVE BALTO,
0605 s		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATO	RIAL BALTO	COUNTY STATE
DHMH - 16 50M 7/77 (VR A 15 (4))	D	UNERAL DIRECTOR	Day - 2334 ADDRESS	1250.	ALIG 6 1981	25b. RECOTRAR'S SIGNATUIL

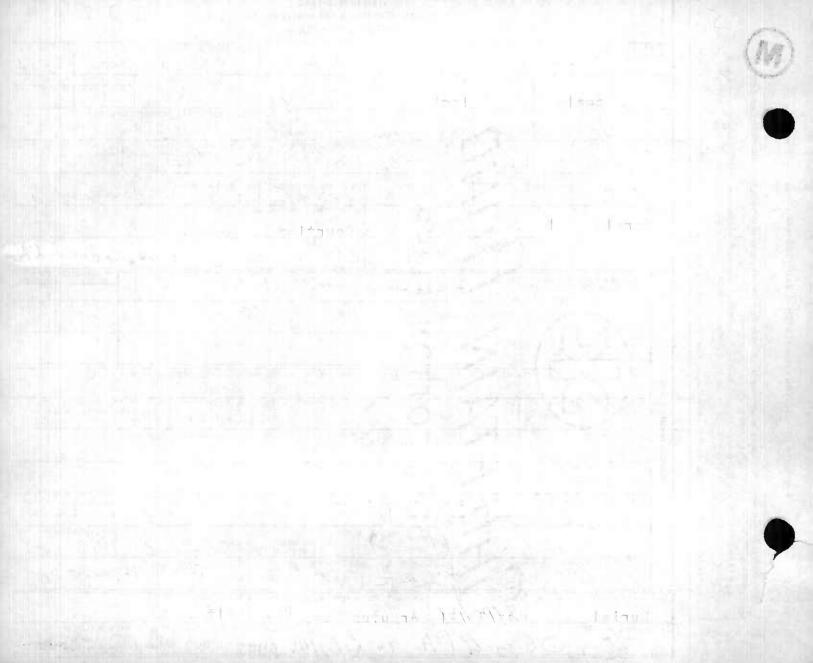
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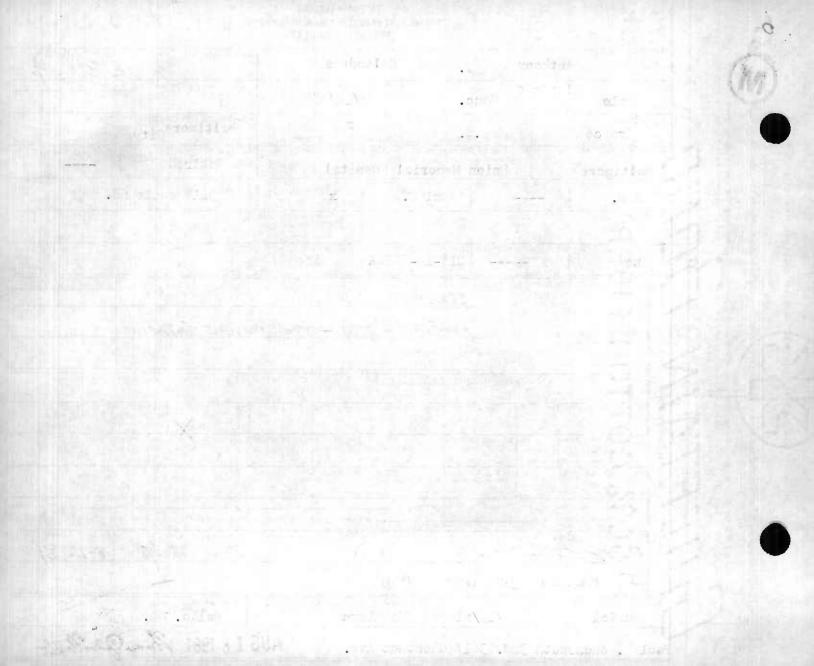
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1X	1.	FOR STATE	DEPA		ALTH AND MENTAL	HYGIENE 8	20/	3 0
	'	REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO.		
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y be ge 3 eath	(1111)	Kenne	eth W	Joi	rbe NSON	8	1281	10.30%
you a	3 SE		4 RACE	5. DATE OF	BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
一 《 信息》		M ale	C aucasia	n Month	3 /5	66 YR	MONTHS DAYS	HOURS MIN
And And	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8.	NEVER MARRIED	9. BALTIMORE CITY OR COUN	NTY OF DEATH	
eo th	V	iscons in	US.A.	WIDOWEL		Baltimore Ci	ty	MD.
offer dea	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF	BUSINESSOR
- to to	-	Baltimore	Singi	Hacio		(TYPE OF WORK FOR MOST OF WORKIN	STORE) INDUSTRY	,
213	USU 13e	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE B	BEFORE ADMISSION	13d. INSIDE CITY LIMITS	5? 13e STREET ADDRESS		
Filled ould b	150.	Md -		10	YES NO	3613 mal	de- Ave	(21211)
trely 2 sh	14 F	THER'S NAME			15. MOTHER'S MAIDEN	INAME		
MAR de		Walter E.	Jorgenson LAST		Lo	uise Mé	chaelson	
5 0- 5		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRESS		
Poo e	(NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	1 3584	Mrs. Carri	e Jorgenson-3613	Malden Av	re.
cio cio		18 CAUSE OF DEATH (Enter on	ily one cause per line for (a), (b	, and ici			APPROXIA BETWEEN O	MATE INTERVAL
ST., BAL		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0) R SSA	. / Card	correst			
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death death		Conditions, if any, which	(b) Bira	ia tur	now - Gra	de III-IV Acknow	she.	
or the death or by the attendings remove corb. cremation, or ather troumotic		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	OUENCE OF	recurren	de III-IV Acknow		
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ires the		PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT N	NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)
DS Signal	N N	Selection		THE SAME				
ECOR ow re prior ony ii	CERTIFICATI	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION	WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDING	GS USED
The locicion. The loss not per per repension of the	TIF	1/81	Crade	田田	astrog tem		YES [NO [
N OF VITAL RI NOF VITAL RI ING physicion. Certificate hos urici-transit per tentol-transit per tentol-transit per tentol Hygiene	CER	21a. ACCIDENT WAS UNDERLYING		DAY YEAR	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM	18, PART 1 OR PART 2)	
ON OF VII) IYSICIAN: ding physis certifical burial-tran Mental Hy	AL	OR CONTRIBUTING CAUSE OF DEA	P.M.	DAY YEAR	CONTRACTOR OF THE			
PHYS ending this c te bur ad Me d or It	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DIVISION DING PHOR at attention of the and marked of	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, PACTORT, OF	FICE, FARM, ETC.)	J'ALE	CHIONIONN	COUNT	STATE
in Se A a D		22a.1 certify that (1) (this haspi	tal) attended the deceased fro	om	19	81,10 8/12	. 19	hot (1) (we) lost
OR ATTEN or ATTEN birectors birectors bobble of He		saw the deceased plive on above (1) we (did (did no	The body after death.	19 S. , onc	that in my (our) apir	nion death accurred on the date and	haur and fram the c	auses stated
OR ATT OR ATT OR ATT DIRECT oched fo Dept. of		27% SIGNATURE	A me oddy difer deom.	D	EGREE		22c. DATE S	IGNED
the Date Detacl		h //a	le the		ATTENDIN PHYSICIA		1 8/1	2/81
VER Sto		274 PHYSICIAN'S MAME ITYPE O	APRINTS /		22e. ADDRESS			
TO HOSPITAL (retained by the TO FUNERAL Is should be detowith the State ElimphoRTANT: if		Panher	the !		Sinai	Hospital		
show with	23a. I	SURIAL, CREMATION, REMOVAL	23b. DAD	23c. NAME OF CE	METERY OR CREMATO	RY 23d LOCATION		
133XBP	(Burial	Aug 15, 1981	Woodlan	wn Cemetery	Baltimore,	Maryland	STATE
DHMH - 16 50M 7/77	24 F	JNERAL DIRECTOR			250	DATE REC'D. BY REGISTRAR 201-000	UE PARESTELLAND	IRE
(VR A 15 (4))	A	. Alan Seitz Fu	meral Home 385	18 Rolan	d Ave.	DO TI 1901		

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MANAGER TO WEST AND A STREET A ale Cascasian Will waste lat Windows in the Company of the Compan THE STATE OF THE PARTY OF THE P aminol nonnecest & ratich Widnesday. - - Dig Co Jan Start More Courts Vor chisco - 2013 Malden Sve. frequent tool good should be the state of the state of Se was restricted to the second Surial Aug 15, 1981 woodlawn Cemptery Baltimore, Maryland .. A. Alda Selts Tumeral Your Julia Rolland Ave.

				STATE OF MARYLAND		0 0 1	2 0
5	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG	IENE 8	201	0 7
	1	REGISTRAR		CERTIFICATE OF DEATH	REG. NO	O.	
		CEASED NAME FIRST	MIDDLE	LAST			2b. HOUR
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od o	3. SE	x 5	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS VAST BIRT		IF UNDER 24 HRS
director, p hours after		emale	Black	MONTH DAY OF YEAR	4	YRS.	HOURS MIN.
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nin 7		Va	V.5.A	WIDOWED DIVORCED	1300 (+	7'40re Ci	MD.
d within	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	120. USUAL OCCUPATION		BUSINESS OR
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ld be	13a.	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOW		13e STREET ADDRESS	0 / 1	,
1 E		MO	City	YES NO	4744	Redwoods	ALC
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8 300		Harold I	Ghee	Courtina	Μ.		
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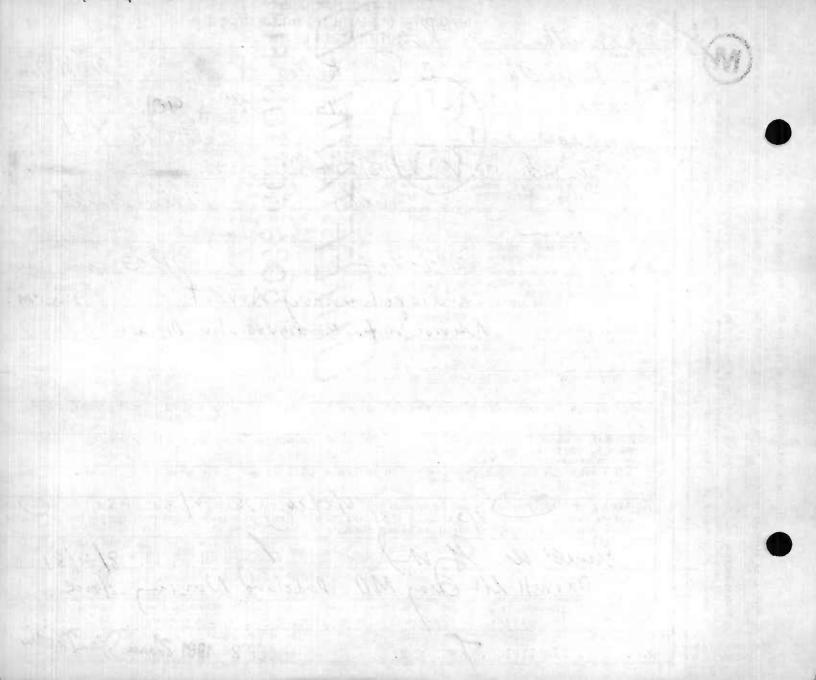
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ATE DEP	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE (STREET, FAC Pie	TORY, FARM, ETC.)	820 820	4 Cove Rd.	Dunda	ık, Marÿ	Tänd	STATE
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PAGE 4 S TO FUNE AFTER DE BALTIMOR		EXAMINER'S NAME Rus:	sellS. Fi	sher, M.D.	A	DDRESS111	Penn Street			
PAR _	المسلمة	PRIAL, CREMATION, REMOVAL 2	8/13/81	731. NAME OF CEA		CREMATORY Se he	23d LOCATION ZETY OR TOWN ZOLON	vell st-	. 7	41
I - 17 ME (5))	-	NAME NAME	ADDRESS OHR - 263		: 21	>> 4 25a. DATER	IG 1 3 1981	Manu O	IGNATURE PLANTE	

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	1.	FOR STATE REGISTRAR	DEPART		ATE OF DEATH	GIENE 8	20/	4/
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ge 4 md ector, po	3. SE	×	4 RACE	5. DATE OF E	OAY YEAR	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
soth. Pog n 72 hours	C	RIHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY!	8	X NEVER MARRIED	RECTION	OR COUNTY OF DEATH	/
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NND 2120	USU.		OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	Id. INSIDE CITY LIMITS?	13e STREET ADDRESS		
MARYLA malerely ond 2 sh	14. FA	THER'S NAME	MIDDLE LAST		MARY	AME	USSLER	LAST
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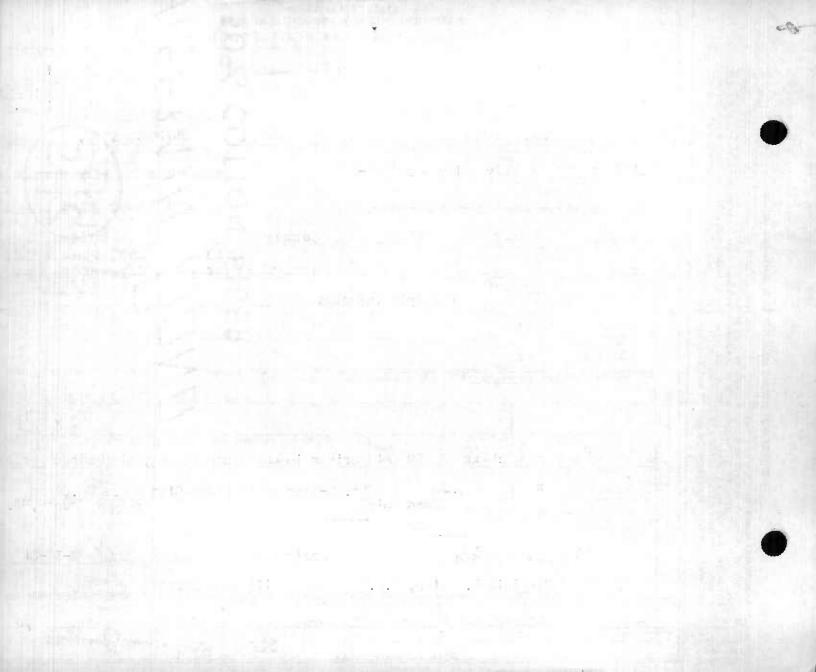
		FOR STATE REGISTRAR	DEPARTMENT OF	ITE OF MARYLAND HEALTH AND MENTAL HYG IFICATE OF DEATH	REG. NO	
	(TYPE	CEASED NAME FIRST	Ack, Rayburn Rayburn	Kendrick NORICK	20. DATE OF DEATH	26 81 8 35 F
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1/		RTHPLACE (STATE OR FOREIGN COUNTRY) outh Carolina	76. CITIZEN OF WHAT COUNTRY? 8. MARR WIDOV	NEVER MARRIED DIVORCED	Baltimore city o	e City,
Copfied /	10. CI	PALSINAE	11. NAME OF HOSPITAL, NURSING HOME (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Pipefitte)	
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exoluing 35		THER'S NAME FIRST David	Hoyle Kendrick	15 MOTHER'S MAIDEN NA	MIDDLE	Turner
medical	.0		RMED FORCES? 166. SOCIAL SECURITY NO. 251-48-7629	Frances Kend	ADDRE drick/wife/s	
ony injury, or other	CERTIFICATION	couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO DEATH BY		NINAL DISEASE OR CON	DITION GIVEN IN PART 1(0) 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
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m 21 is mark		22a.1 certify that (I) (this has sow the descend allows above, (I) — I did Joseph 22h SIGNATURE	priol) offended the deceased from TUL		, 10	ote and hour and from the couses stated 22c. DATE SIGNED
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IMPORTANT		R.L. RUXE	R Se mo.	BCRC		
	F	SPECIFY) EMOVA SPECIFY)	236. DATE 236. NAME OF Aug. 27, 1981	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN Norfolk	
180 Re.	24 FI	JNERAL DIRECTOR Capitol F	Funeral Service, Fair	fax, Va.	EPO 198	256- PAISTRAN SISTEMATURE NEITHER

Capitol Funeral Service, Fairfax, Va.

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X 2h HOUR (TYPE OR PRINT) ESTI-OF 81 Craig Edward DEATH MATED 8 Kilrov 19 VITHIN 72-HOUR 4 RACE AGE (IN YEARS IF UNDER 1 YR 5. DATE OF BIRTH IF LINDER 24 HRS 2c. DATE 10:20 LAST BIRTHDAY) PRONOUNCED DEAD White Male 19 81 11 1958 P.M 7g BIRTHPLACE (STATE OR CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 5 FOR FOREIGN COUNTRY)
Washington D.C MARRIED NEVER MARRIED Baltimore City. USA WIDOWED DIVORCED PAGE 5 FPIED, 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS FOR MOST OF WORKING LIFE)

OR INDUSTRY Baltimore University Hospital-STU 3. RETAIN PA SHOULD BE F Carpenter Constructi USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 13d INSIDE CITY LIMITS? T. PAGES 1 AND 2 SHOUL DIVISION OF WITAL RECO Maryland Anne Arundel Edgewater YES-NO [3426 Pike Ridge Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME S AFTER DEATH.
GIVE PAGES 1, 2 MIDDLE MIDDLE LAST FIRST LAST John Kilrov Henry Carolyn Polson 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 1503 Pine Whiff IAN SOCIAL SECURITY NO 7. INFORMANT Mother carolyn Prentiss Edgewater, Md 220 62 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. REACH STANDING BY A 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCING W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DAALTIMORE, MARMAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple Injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? Head Only) 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING X OR 2:14 XX 8 29 driver in auto/auto impact, also struck tree CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK south Ridge Club House Rd. Anne 2-near road 22a | Certify that I took charge of the remains described above, held on Arundel County, Md. Accident XX Suicide Hamicide Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) ACTUAL DATE Assistant 8-30-81 SIGNATURE EXAMINER'S NAME Virginia L. Dolan, M.D. III Penn Street TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 3Sept1981 Cedar Hill Cemetery Suitla COUNTY STATE Suitland BP 256. REGISTRAR'S SIGNATO E. Wilhelm Funeral Home **DHMH-17** 198 (VR A15 ME (5)) Suitland, Md 15M 2/80



tem 6 g559 9/4/81 gj DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE KNOWN KT (TYPE OR PRINT) ESTI-Yvette King E. 17,0 81 DEATH MATED SEX 4 RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) 64 PRONOUNCED female. black 10 81 9:22 DEAD M. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY USA Baltimore City MD WIDOWED [DIVORCED D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 1021 Homewood Avenue Baltimore SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STREET ADDRESS STATE 113b. COUNTY 13d. INSIDE CITY LIMITS? 1713 N. Register St. YES DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. THER'S NAME 15 MOTHER'S MAIDEN NAME FIRST LAST E. Bowie King Leon Pandora DIVISION OF 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 218-84-7230 Pandora K. Graham 1713 N. Register No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PROCI. IN ITEM 18, PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL- TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DAULIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) External hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) stab wound of thigh gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR found stabbed CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, FARM, ETC.) 1021Homewood Avenue, Balto, COUNTY NOT WHILE AT WORK AT WORK home MD 220 I certify that I took charge of the remains described above, held on Inspection and in my opinion Inquiry Homicide X death resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL 8/18/81 Assistant DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Hormez R. Guard.M.D. ADDRESS 111 Penn Street, Balto., MD 21201 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION STATE Baltimore Baltimore Cem. 8/25/81 Burial MD AUG 1 9 1981 24. FUNERAL DIRECTOR **DHMH-17** Wm. C. March F/H 1101 E. North Ave. VR A15 ME (5)

STATE OF MARYLAND

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DIVISION OF VITAL RECORDS,

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IMPORTANT: If Item 21 is marked or Item 18 shows any

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 1 2	0/52
I. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	QAY YEAR 2b. HOUR
(TYPE OR PRINT) Dean	Ma Jovce	Kordek	8	16 81 3:25 MM
3. SEX	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOLY)	IF UNCER I YEAR IF UNDER 24 HRS
Female F	White Cauc.	MONTH DAY YEAR	3/	MONTHS DATS HOURS MIN.
M BIRTHPLACE (STATE OR FOREIGN	75. CITIZEN OF WHAT COUNTRY	6 21 50	9 BALTIMORE CITY OR COUN	
country) Md.	USA	MARRIED VEVER MARRIED WIDOWED DIVORCED	Baltimore Ci	
BUD, Md.	(IF NOT IN SUCH FACILITY, GIVE STREET	rey Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	G LIFE) 12% KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME C 130. STATE 136 COU Maryland		TE ADMISSION) VN 13d. INSIDE CITY LIMIT: YES NO	S? 13e STREET ADDRESS Balt:	imore, Md. 21206 Avenue
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220.1 certify that (I) (this hosp	pital) attended the deceased fram	8/16 , 19_	81	, 19 17 , that (I) (we) lost
saw the deceased alive a abave. (1) (we) (did) (did)	n	and that in (my) (aur) opin	nian death occurred on the date and h	naur and fram the causes stated
226. SIGNATURE	/ Ale body offer deoffi.	DEGREE		22¢ DATE SIGNED
In	la py	MY) ATTENDIN PHYSICIA		8-16-81
220. PHYSICIAN'S NAME ITYPE	or Print) Gaber	22e ADDRESS	sercy Hospital	
230. BURIAL, CREMATION, REMOVA (SPECIFY) Burial		NAME OF CEMETERY OR CREMATO Parkwood Cemeter		Maryland STATE
24. FUNERAL DIRECTOR			DATE PECID BY PECISTRAPIAN BEIT	

DHMH - 16 50M 1/81 (VRA 15, 4)

Baltimore, Maryland Leonard J. Ruck, Inc.

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s the			(c)	05.44.0.174.07.05.1750.50.50.50.50		111
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ALRE la The la Lian. e has sit per preme p	RTIF	9 Jul 81	Ouslesup	luly-	YES NOV	YES NO
4 OF VITAL		210. ACCIDEN WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	J. PART 1 OR PART 2)
N OF SICIA ing ph certific certific vial-tr Vental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
DIVISION OF VITAL RECORDS, 201 W. PRESTON NG PHYSICIAN: The law requires that the death or cattending physician. (fer this certificate has been signed by the attendin os the burial-transit permit. Then please remove carb th and Mental Hygiene prior to burial, cremation, or orked ar tem 18 shows any injury, or other traumatic	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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ATTE ATTE Spirto CTO I for of ft		saw the deceased plive on above, (I) (wer (did) (drd ac	at view the body after death.	, and that in (my) (our) opinion	n death occurred on the date and h	our and from the causes stated
OR A he hos DIREC ached Dept		226. SIGNATURE	10. 00.	DEGREE	Lane com	22c. DATE SIGNED
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O HOSPITAL etained by if TO FUNERAL should be det with the Stote MPORTANT:		22d. PHYSICIAN'S NAME TYPE O	PRINT)	22e ADDRESS	CITY HE	DSPS
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0101 BP	130 0	BURIAL CREMATION, REMOVAL	8-17-81 5	T-STAPISLAUS Q	23d. LOCATON CITYOF TOWN	COUNTY
DHMH-16 60M 1/75	24 FL	NERAL DIRECTOR	ADDRESS		TE REC'D. BY REGISTRAR 256. REGI	
FCh (VRA 15 (4))	1	HOMAS J. S	KARDA 282	9 HUDSON STAL	162 1 1481 Pron	4 Jan Marin

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I DECEASED NAME 2ª DATE OF DEATH MONTH 25. HOUR (TYPE OR PRINT) 'Korzeni ewski 198 MICHAEL 3 SEX 4 RACE 5 DATE OF BIRTH & AGE FIN YEARS LAST BIRTHDAY! IF UNDER 1 YEAR IF UNDER 24 HRS white HOURS Male 1894 TO BIRTHPLACE STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY) Poland United States WIDOWED DIVORCED [IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12h. KIND OF BUSINESS OR Tavern ITYPE OF WORK FOR MOST OF WORKING LIFE) Self-employed ISUAL RESIDENCE IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

13a STATE
13b COUNTY
13c CITY Baltimore 13a STATE 22 N. Glover Street 1134 INSIDE CITY LIMITS? Md. YES A NO [14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST Unk unk ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (YES, NO OR UNKNOWN) CIF YES, GIVE WAR OR DATES J. Korzeniewski 2418 E. Baltimore St. 2122 215-24-0774 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR ASAA CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (o), stofing the DUE TO, OR AS underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a IFICATION askular Mislaso 190 DATE OF OPERATION 196. CONDITION FOR WHICHOPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T NO [CERT 21R ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. MEDIC 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE AT WORK AT WORK 81 228.1 certify that (1) (this hospital) attended the deceased from... 18 aug sow the deceased alive an SCHG SI obave, (1) (rea) (did) (did not) view the body after death. and that in (my) (com) opinion death accurred an the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN should be det with the Stat 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22ª ADDRESS 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION STATE 8-22-81 Holy Rosary Baltimore, Maryland 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURBS DHMH-16 25M Fialkowski 2007 Eastern Avenue (VRA 15, 4) 1/79

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFIC ATE OF DEATH

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DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR Mc Cully Funeral Home of Brooklyn 237 - Patapsco Avenue Baltimore, Md. 21225

emetery

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STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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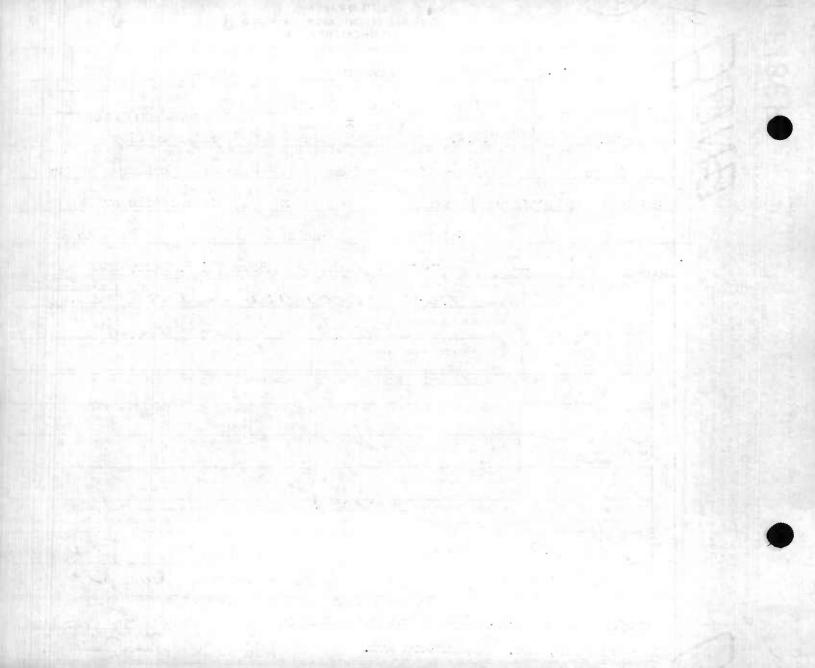
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a DATE KNOWN (X) (TYPE OR PRINT) OF ESTI-8-22-81 HENRY P. KRALICK UR FILES. 72 HOURS N STREET, DIRECTOR De Hour 3 SEX 4 RACE DATE OF BIRTH IF UNDER 1 YR IE LINDER 24 HRS 2c. DATE MONTH VEAD LAST BIRTHDAY PRONOUNCED male p white 8-22-83 DEAD 16. 76. CITIZEN OF WHAT TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OF COUNTY OF DEATH COUNTRY? MARRIED TO NEVER MARRIED FOREIGN COUNTRY) Baltimore City WIDOWED DIVORCED Hungry 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY F NOT IN SUCH FACILITY GIVE STREET ADDRESS)

T. Agnes Hospital FOR MOST OF WORKING LIFE) Baltimore rales-se 품 auon WSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS et honne GES 1, 2, M PM B. T. PAGES 1 AND 2 S DIVISION OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST DE USED AS A BURIAL - TRANSIT PRANT. PAGES 1 AND NO F HEALTH AND MENTAL HYGIENE, DIVISION OF VIT Henry 7. INFORMANT ADDRESS 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (n. DUE TO, OR AS A CONSEQUENCE OF if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CRETIFICATE, WRITING THE WORD "FEND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MED TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS, AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALT, BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CRE 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? HEAD ONLY YES X NO T 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY 21f. LOCATION 21d INJURY OCCURRED (AT HOME STREET, FACTORY, FARM, ETC.1 CITY OR TOWN STATE COUNTY NOT WHILE AT WORK AT WORK 22a I certify that I took charge of the remains described the property of the remains described the remains de and in my opinion Accident Suicide Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant 8-23-81 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M D. 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 26/81 emeteru BP Howard 250. D'ATE REC'D. BY REGISTRAR 24 FUNERAL DIRECTOR 25 ROGISTRAR'S SIGNATURE **DHMH-17** Ambrose Funeral Home 1328 Sulphur (VR A15 ME (5) 15M 2/80

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STATE OF MARYLAND



CERTIFICATE OF DEATH

	REGISTRAR			EKTIFIC	ALE OF DE	AIR	REC	. NO.		
	LTVOC OR COURS	ABETH	MAE	KREI			20 DATE OF DEAT	8/27	/81	10:45 P
	3. SEX F	4 RACE		DATE OF MONTH 05	BIRTH 12 1	YEAR	S. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DATS	
5	To BIRTHPLACE (STATE OR FOR West Virginia	Z USA		MARRIED	X NEVERM	ARRIED	BALTIMORE CITY	_	Y OF DEATH	MD.
7	O CITY OR TOWN OF DEATH	(IF NOT IN SU	HOSPITAL, NURSING I CH FACILITY, GIVE STREET ADD AGNES HO	SPITA			120 USUAL OCCUP TYPE OF WORK FOR MC Supervi	OST OF WORKING L		e coffee
5		COUNTY ALTIMORE	136 CITY OR TOWN BALTIMO	RE 13		NO DV	3e. STREET ADDRE 5523 AS		E RD.	Pot
9	Harry	MIDDLE	9 man		Evel		Lant	3	91	man
2	160 WAS DECEASED EVER IN (YES, NOOR UNKNOWN) n/a	U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES) \[n/a \]	232-10-307		John K.	reiner	5523 As	hbourne		21227
		chich (b)_ diate the DUE TO, Cl lost ic)_ ICANT CONDITIONS C	PR AS A CONSEQUENC	HOS IS		O THE TERMIN	NAL DISEASE OR C		IVEN IN PART 1	35 14 14
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDER	IVE COND	III ON FOR WHICH OF	ERATION	WAS PERFOR	MED	YES NO	IN CERT	IFYING CAUSE	
	216, ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTHY MEDICAL 21d. INJURY OCCURRAL AT WORK AT WORK AT WORK	SE OF DEATH HOUR A	OF INJURY .M. MONTH DAY .M. OF INJURY REET FACTORY, OFFICE, FARM	YEAR 19	II LOCATION		D (ENTER NATURE OF	INJURY IN ITEM 18.	PART 1 OR PART 2)	STATE
	278. I certify that (I) (If sow the deceased obove, (I) (we) (did 278. SIGNATURE 278. PHYSICIAN'S NAM Donal C	olive on Olive the body LL L E (TYPE OR PRINT)	Suy,	M. D	GREE Or Property Address St.	TENDING	MEDICAL STREET OF THE	STAFF	our and from the	, that (I) (we) last e couses stated E SIGNED
	230 BURIAL, CREMATION, RE	MOVAL 236. DATE /	10 10		dge Me	morial	Dorsey,	Howar	d county M	aryland

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any

FOR - STATE

Ambrose Funeral Home, Inc. 1328 Sulphur Sp

Meadowridge Memorial

Maryland

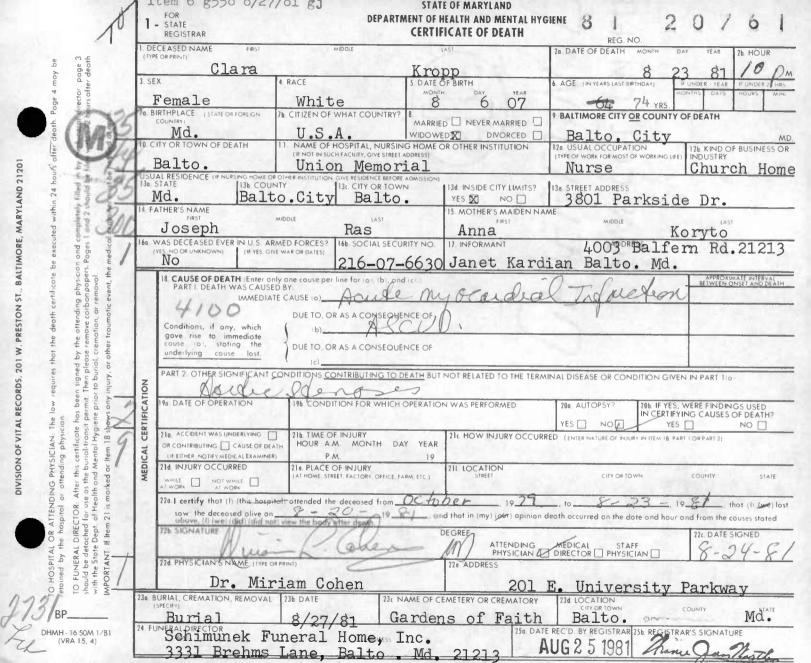
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BY REGISTRAR 256 REGISTRAR'S SIGNATURE
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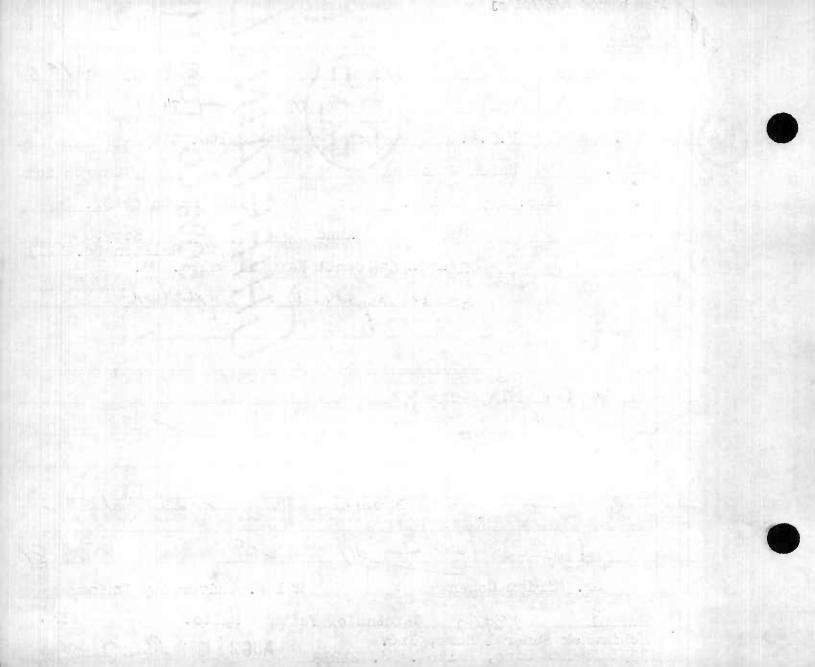
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oge 4 mg	1.58X	F	4 RACE	S. DATE O	F BIRTH - 16 - 14	6. AGE (IN YEARS	YRS "	FUNDER LYEAR IF UNDER 24 HRS
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BALTIMORE, cate be execution and compers. Pages val.	(4)	(IFYES, GIV	ve war or dates) 213	-01-324	JAMES	trok	zxt	SAM-
ss that the deoth certific by the ottending phypleose remove carbon program, cremotion, or remov, ar other troumatic even		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CO	NSEQUENCE OF	IC HISEI		1 2000/12	
IL RECORDS,	FICATION	PART 2 OTHER SIGNIFICANT O	196. CONDITION FOR	C. C. of Co.		200 AUTOPSY	20b. IF YES, IN CERTIFY	, WERE FINDINGS USED YING CAUSES OF DEATH?
N OF VIII	CAL	(I) ACCIDENT WA III OR CONTRIBUTING (IF EITHER NOTIFY (I) IN JURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY	19	21c HOW INJURY OCC	URRED (ENTER NATURE	OF INJURY IN ITEM 18 PA	ART I OR PART 2)
DIVISIO DING PH or of the hare the booth and A monked g		WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hospi	(AT HOME, STREET, FACTOR	OFFICE FARM, ETC.)	STREET	1 10 8	TY OR TOWN	COUNTY STATE
OR ATTEN P Pospital DRECTOR Ched for un Dept. of He		sow the degreesed olive on obove, (1) (ye) (did/d)d no		- 19 % , one	EGRIE			ond from the couses stated
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1/1 2 23131	23a Bl	IRIAL, CREMATION, REMOVAL	236 DATE 9-3-81	730 NAME OF CE	METERY OR CREMATOR	Y MILOCATIO	ne 87 -	- 2/20/·
DHMH - 16.50M 1/B1 (VRA 15, 4)	24 Fyll	NERAL DIRECTOR NAME CA Z CONCL	11	DDRESS 31	Protot :	PATE REC D TO THE SEP 1 19	BLAR HUREGISTER	

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STATE OF MARYLAND

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		CEASED NAME FIRST	MIDDLE	LAST		AY YEAR 26. HOUR
nay be page 3 death	{TYPE	CHAR	les J	Kutcher	8 8	3 81 6:14 4
ma er de	3 SE	X	4 RACE	5 DATE OF BIRTH		F UNDER LYEAR F UNDER 24 HRS
age 4		nale	White	6 23 01	80 YRS	
CAMIL		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTR	MARRIED WEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
是是多		BALTIMORE	America	WIDOWED DIVORCED	BALTIMORE CITY	MD.
free of the	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	12e USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
by Hed w		BALTIMORE	HAMILTON NO	unsing Home	Retined) INDUSTRY
D 212 24 hc ed in be fil	USU.	AL RESIDENCE I IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEF	FORE ADMISSION 13d INSIDE CITY LIMITS?	13 R. STREET ADDRESS	
AND Jin 2		Id.	Balti			venue -21213
with with shou		ATHER'S NAME		15 MOTHER'S MAIDEN NA	AME	
AAR ted		John V.	Kucera	Mary	WIDDLE	LAST
RE, MA	16a \	WAS DECEASED EVER IN U.S. AF			ADDRE Balte	o. Md. 21213
MOR be ey ages ages		YES, NO OR UNKNOWN) IF YES, GN	E WAR OR DATES)		Vest ob eac 0710 1	o, Md. 21213
ste base base base base base base base bas	-	No -			Kutcher, 2710	Pernam Ave.
BALTI ificate iysiciar ipers. P event,		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per fine for (a), (b),	D [11. 3	BETWEEN ONSET AND DEATH
ST., cert ng ph on pa on pa r rem			TE CAUSE (O) ANTERIOS	derotic corenary	Hydry Diselece	
death cert ending ph carbon pa on, or rem traumatic		4149	DUE TO, OR AS A CONSEC	DUENCE OF		
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PRES at the the att emove ematic		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEC	DISENCE OF		
S the		underlying cause last	DUE TO, OR AS A CONSEC	JUENCE OF		
equires equires igned I pleas burial		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING I	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	EN IN PART 1(a)
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law r law r been to The rior to	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES	, WERE FINDINGS USED
The L The L The L serve pri	윤	THE DATE OF OFERATION	178 CONDITION TOR WITH	CH OFERATION WAS BERFORMED	IN CERTIF	YING CAUSES OF DEATH?
ON OF VITAL RE PHYSICIAN: The g physician. This certificate ha mial-transit perm Mental Hygiene J or I tem 18 sho	E					NO [
ON OF VITAI PHYSICIAN ng physician. this certificat urial-transit p Mental Hygin d or Item 18		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		DAY YEAR	RRED JENTER NATURE OF INJURY IN ITEM 18, PA	ART 1 OR PART 2)
Py S cel al-tra	3	(IF EITHER, NOTIFY MEDICAL EXAMINER		19		
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY LATHOME, STREET, FACTORY, OFFIC	CE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DIVISIA ENDING or attending OR: After se as the blealth and is marke	1	AT WORK AT WORK				
2 10 00 10		22a.1 certify that (I) (this hasp	moh attended the deceased fran		1_10_8-8	19, that (I) (we) last
ATTE Sital or rECTOF for use for use em 21	1	saw the deceased alive at	19 21) view the body after death.	and that in (my) (aux) apinian	death occurred on the date and have	and from the causes stated
Direction of the property of t		226 SIGNATURE	of view the body after death.	DEGREE		22¢ DATE SIGNED
Each Control of the C		Marine C. 1/2	waleus lu	MA ATTENDING	MEDICAL STAFF	8-10-81
PIT, prit, p		24. PHYSICIAN'S NAME (TYPE		PHYSICIAN PHYSICIAN	DIRECTOR PHYSICIAN	10 / 0
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TO HOSPITA Jetained by the TO FUNERAL should be detach with the State D IMPORTANT: I			WALEWSICI		10	MACIES 4
AX 31	5	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP_		Burial	Aug. 10, 1981	Holy Redeemer	Baltimore C	ity, Md,
DHMH-16 25M	24 E	UNERAL DIRECTOR FITT	neral_HomeTh	25e. DA	TE REC'D. BY REGISTRAR 256. REC'IST	RAR'S SIGNATOR
VRA 15, 4) 1/79	Č	331 Brehms I	ane Baltimor	e.Md 21213	AUG1 0 1981 Man	U.

